



CAMP SCHOLARSHIP APPLICATION

Student's Name _____

Parents or Guardian's Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Email _____

Do you attend Discovery Church regularly? YES NO

If Yes, which campus do you attend? Central (Orange Ave) East (Alafaya) Southwest (Winter Garden)

Is your student a regular participant in DC Students? YES NO

Is the student living with both parents? YES NO If not, with whom _____

Did your student receive scholarship assistance for camp last year? YES NO

If yes, how much assistance was received? \$ _____

Because of the great demand for scholarship assistance and our desire to be able to sponsor as many students as possible please indicate the amount you are able to contribute (\$50 Minimum).

Amount \$ _____

Payment Plans are available. Please indicate if you would like to schedule a payment plan. YES NO

Father's Occupation _____ Mother's Occupation _____

Number of children who want to attend camp this year _____

Please describe the circumstances surrounding your need for financial assistance

Parent/Guardian Signature _____ Date _____