

# CAMP REGISTRATION & SCHOLARSHIP APPLICATION

Complete PAGE 1 for Camp Registration; Complete PAGE 2 for Scholarship Assistance



## CAMP ENROLLMENT 2019

Camp Eagle (\$255)

Mission New Braunfels (\$100)

## CAMPER INFORMATION

Camper Name \_\_\_\_\_

First Name

Last Name

Nickname \_\_\_\_\_

Gender  Male  Female

Birth Date \_\_\_\_\_

Current Grade \_\_\_\_\_

Camper Address \_\_\_\_\_

Street

City

State

Zip

Primary Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## PRIMARY PARENT INFORMATION

Guardian 1 Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Primary Phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Primary Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Primary Phone \_\_\_\_\_

Allergies/Food Restrictions \_\_\_\_\_

Need to Know \_\_\_\_\_

A. Authorization for participation of minors under 18. I give permission for my child, \_\_\_\_\_, to participate in camp and/or overnight including travel to and from locations if provided.

B. I authorize adult leaders of St. Paul and said Camp to serve as agents for my child to consent to medical or surgical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital.

C. All participants are expected to fully participate in said Camp activities, be in designated areas at all times, follow the direction of adult sponsors, respect others, and to have a cooperative attitude. If the youth cannot abide by this behavior covenant, he/she may be sent home and parents are responsible for transportation arrangements.

Please sign to acknowledge and indicate agreement with A., B., and C.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Fee paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# SCHOLARSHIP APPLICATION - CONFIDENTIAL - Attention: Scholarship Committee

**DEADLINE: May 31, 2019**

## FAMILY & LIFE CIRCUMSTANCES

Camper Name: \_\_\_\_\_ Ages of Siblings in Household \_\_\_\_\_

Guardian 1 Employer \_\_\_\_\_ Position \_\_\_\_\_

Guardian 2 Employer \_\_\_\_\_ Position \_\_\_\_\_

Household Annual Gross Income \$ \_\_\_\_\_

(Amount earned before taxes and deductions. Please include alimony, child support, social security, etc.)

Has this camper ever received a scholarship from ST. PAUL before?  Yes  No

If yes, what year(s) and camp/mission trip? \_\_\_\_\_

Why is a scholarship needed in order for this camper to attend camp? List any extenuating circumstances.

---

---

How will this camper benefit from receiving a scholarship?

---

---

Amount of scholarship requested: \$ \_\_\_\_\_

Can you make weekly payments prior to camp?  Yes  No

If yes, how much \$ \_\_\_\_\_ per week for \_\_\_\_\_ weeks.

### Camp Scholarship Guidelines

A limited number of financial need scholarships are available to boys and girls who want to attend Youth Camps. To apply, complete Camp Registration and Scholarship Application and attach camp deposit. After scholarships are awarded, the remaining balance is to be paid 10 business days before the camp session begins. If the scholarship amount isn't enough financial assistance, and your child will not be attending camp, the deposit is fully-refundable if you notify us 10 days prior to the camp.

Camp scholarships are available to pay a portion of the camp fee for youth that would benefit from the camp experience and would not be able to attend camp otherwise. All information will remain confidential. The review committee makes every effort to distribute available money to fairly assist as many youth as possible. Scholarships are made regardless of race, socioeconomic status, disability, or other aspect of diversity.

**This form is confidential. Mail in an envelope marked:  
"Confidential - Attention: Scholarship Committee"  
St. Paul Lutheran Church, 777 W. San Antonio St., New Braunfels, TX 78130**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Scholarship Awarded: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_