Scholarship Application

Complete applications may be mailed to:
Impact 2818
Attn: Camp Scholarships
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280

Instructions:

- This form must be completed by a camper's parent or guardian. Please print clearly and fill out the entire form.
- A copy of your most recent IRS 1040 Individual Income Tax Return is required.
  Only the first page is needed (no schedules or worksheets please).
- Applications received without a copy of the 1040 or that are not completely filled out will be returned to sender without being processed.

Camper Name	Grade in the fall? (2012-2013 school year)	Event Code*

Is your camper attending That Thing at Epworth Forest? Yes No
If yes, will they be staying in Campus Housing OR in a group lodge rented by the church they are attending with? ☐ Campus Housing ☐ Group Lodge

*The camp you want to go to this summer - **ex. R5052 for Rivervale, July 15-20.**

Request Information:

How much is your family able to contribute, per child, towards the camp fee? $_____

How much support will you be receiving, per child, from other sources (e.g. your church, district, etc.)? $_____

Source: _____

What amount of scholarship funds are you requesting, per camper? $_____

Family Information:

Please list only individuals living in the same household as the camper(s).

Address: _____ Phone #: C H W (_____)_____-_____

City: _____ State: _____ Zip: _____ Email address: _____

Church: _____

# of family members living in the house: _____ # of family members attending camp this summer: _____

Parent/guardian's name: _____

Work title/position: _____ Annual salary/wage: $_____

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Does your family currently receive federal or state assistance?
(food stamps, free or reduced lunch program, subsidized housing, etc.) Yes No

Please provide any additional information we should consider in making a decision: _____

_____

I hereby declare that the information provided above is true to the best of my knowledge and belief.

Signature of parent/guardian completing this form: _____

Printed name: _____ Date: _____

Office Use Only

Amount awarded: $_____

Code: _____

Date award mailed: _____

Authorized by: _____