



# Sunset Student Ministries Camp Scholarship Form

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Are you able to pay a portion of your child's camp cost? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Are you familiar with our Youth Bucks program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does your student participate in it regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like information to learn how your student can earn all their camp funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Please write a brief summary explaining your scholarship need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_