



Impact 2818 Outdoor Ministries Scholarship Request Form

2010 Program Season

Camper Information

Camper Name: _____

Camper Address: _____

City, State Zip: _____

Camp planning to attend (name & event #): _____

Scholarship type: Standard Family Need Ethnic Minority Developmentally Disabled

Scholarship amount requested: \$ _____

What other camp scholarships have you received such as church or district (list source and amount)?

Family Information

Father/Step father Name: _____

Mother/Step mother Name: _____

Parent's Address: _____

City, State Zip: _____

Phone number: _____ () _____

Number of family members _____ Number of family members attending camp this season _____

Home church : _____

Financial Information (to be completed by custodial parents)

Father/Step father work title/position: _____

Father/Step father's Annual Salary: \$ _____

Mother/Step mother work title/position: _____

Mother/Step mother's Annual Salary: \$ _____

Did you file a tax return for the prior year? Yes No

What was the adjusted gross income for last years tax return? _____

Marital status on tax return: _____

How many exemptions were claimed on last years tax return? _____

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

Office Use Only

Scholarship Granted: Amount _____ Type _____

Date Granted _____ Authorized _____