

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: _____