

**JOHN KNOX PRESBYTERY**  
**5.5200 – YOUTH CAMPING SCHOLARSHIP APPLICATION FORM**

**Name of individual requesting scholarship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name of Church** \_\_\_\_\_

**Church Address** \_\_\_\_\_

**Church Contact Person and Telephone Number** \_\_\_\_\_

**Camp Name/Location** \_\_\_\_\_

**Title of Camp Program** \_\_\_\_\_

**Total Cost of Camper Fees** \_\_\_\_\_

**Dates Attending Camp** \_\_\_\_\_

**Camper's Signature** \_\_\_\_\_

**Parent's or Guardian's Signature** \_\_\_\_\_

**Moderator's or Clerk of Session's Signature** \_\_\_\_\_

**Return form to:** Fiscal Operations Task Force  
John Knox Presbytery  
P. O. Box 350  
Richland Center, WI 53581

**APPLICATION DEADLINE: MAY 31<sup>ST</sup>**