

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: APRIL 15