

KIDS CAMP SCHOLARSHIP APPLICATION

Due by May 1, 2021

Child's Name: _____ Child's Age: _____

Parent's Name: _____ Child's Grade: _____

Address: _____

Phone: _____ Email: _____

If this application is for multiple children, please include their names, ages, and grades:

How does your child/children participate at Lakeview Kids?

In-person

Online

How often does your child/children engage with Lakeview Kids?

Every week

Twice a month

Once a month

Has your child been to camp before? If so, which camp and when?

LAKEVIEW
K!DS

How often do you volunteer at Lakeview Kids?

- Once a week**
- Every other week**
- Once a month**
- I do not currently volunteer at Lakeview Kids**

Please explain your financial need in detail, including any family circumstances that you may feel may be relevant (for example: single parent household or unemployment).

What benefits do you think your child would receive by going to camp?

Of the total camp cost (\$275), how much will you be able to pay?

Thank you for filling this out! **Please turn in this application by submitting it to a staff member or the church office by May 1. We will prayerfully consider all of the requests and will be in contact with you regarding the outcomes!**

Lakeview Kids Staff