

Camp Gravatt 2010
Confidential Application for Financial Aid

Faith camp is an experience that should be readily available to all campers. Camp Gravatt will award a small number of partial financial scholarships for its summer camp in 2010, thanks in part to generous donations from various supporters. We ask that you prayerfully consider the amount of scholarship money you need for your camper to attend.

All families are required to submit a deposit of \$100 to secure their camper's session. Families are encouraged to seek additional support from the home congregation and other sources before completing this application for assistance. In addition, the application must be supported by the camper's priest, pastor, youth minister OR school principal.

Camper's Name _____ Returning Camper? ___Yes___ No

List desired session number and date. (See registration brochure.) _____

Have you already registered and paid a deposit? ___Yes ___No

Parent/Guardian's Name(s) _____

Address _____ City/State/Zip _____

Daytime Telephone Number _____ Email Address _____

Number of children supported by household (total) _____

Number of children supported by household attending camp _____

Why are you seeking financial assistance for Camp Gravatt? (use back of page if necessary) _____

Are there members of the family over the age of 18 who might be willing to commit volunteer time to Camp Gravatt in exchange for camp tuition? (This is not required.) ___Yes___ No If yes, complete the following.

Name _____ Relation to camper _____

Potential areas of interest: ___Kitchen ___Light Construction/Repair ___Grounds keeping
 ___Office Work ___Other: _____

Have you sought other financial assistance for attendance at Camp Gravatt this summer? ___Yes___ No

If yes, list source and amount awarded. _____

By signing below, I attest that it would place a financial hardship on my family to pay full camp tuition for my camper to attend Camp Gravatt.

Parent/Guardian's Signature _____ Date _____

THIS SECTION IS REQUIRED!!

By signing below, I support the application for financial aid for the above listed camper to attend Camp Gravatt and believe that it would be a financial hardship on the family to pay full camp tuition.

Printed Name of Priest, Pastor, Youth Minister or Principal _____

Organization _____ Telephone Number _____

Signature _____ Date _____

Please return this form by May 1, 2010 to

Camp Gravatt, ATT: Scholarship App, 1006 Camp Gravatt Road, Aiken, SC 29805

803.648.7453 (FAX)