



2011 Summer Camps Scholarship Request Form



(Please print)

FCA Camp Location _____ Camp Dates _____

Camper's Name _____ Gender: M F

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

School _____ Grade (September) _____

Church _____

Parent/Guardian Name(s) _____

Primary phone _____ Secondary phone _____

Email _____

Scholarship Amount Requested _____

List FCA camps previously attended _____

Have you received an FCA Scholarship before? _____ Amount? _____

Parents combined gross income (check one)

_____ Under \$20,000

_____ \$20 – 35,000

_____ \$35 – 50,000

_____ \$50 – 75,000

_____ Above \$75,000

Is this a dual income home? _____ Single parent home? _____

Total number of children in the home? _____

(Turn over and complete Back Page)

Camper's comments on desire to attend an FCA Summer Camp:

Student's signature _____

Date _____

Parent/Guardian's comments regarding camper's interest in attending a FCA Summer Camp and request for camp scholarship funds:

Parent/Guardian Signature _____

Date _____

* **NOTE:** In signing this form, the parent/guardian & athlete acknowledge that the Cancellation Fee or the No-Show Fee **is their obligation** and is not covered by any scholarship award.

Please complete and mail to:

Metro Kansas City FCA

8701 Leeds Road

Kansas City, MO 64129

Or fax to: 816-921-4096

The limited funds available will be awarded based upon the applicant's need and in the order of the request.

