

CAMP SCHOLARSHIP APPLICATION

Camp Registration Form and \$50.00 Camp Deposit MUST accompany this application.

Date: _____

Church: _____

Name of Camper: _____

Parent/Guardian (if under 18): _____

Address: _____

Phone: _____

Name & Dates of Camp Attending: _____

Cost of Camp: _____

Camp Deposit included with this application: _____

Funds provided by local church: _____

Amount Needed from Camp & Retreat:
(up to \$100 per camper) _____

Remaining balance, if any, will be paid by: _____

Signature of Camper/Parent/Guardian Date

Approved by (clergy/youth leader): Date

Send completed applications to: Beth Dieker, Camp Coordinator
11800 SW Military Lane
Portland, OR 97219-8436

Received on: _____

Approved by: _____

Date Check & Registration Form sent to Camping Office, 1501 SW 18th Ave,
Portland, OR 97201