

EPISCOPAL CAMP SCHOLARSHIP APPLICATION

(Updated 1-4-18)

**Camp Registration Form and \$50.00 Camp Deposit MUST accompany this application
OR
Online Registration has been COMPLETED with \$50.00 deposit**

Today's Date: _____

Name of Camper: _____

Parent/Guardian (if under 18): _____

Address: _____

Phone: _____

Email of Parent/Guardian _____

Name & Dates of Camp Attending: _____

Church: _____

Cost of Camp: \$ _____

Camp Deposit included with this application: \$ _____

Funds provided by local church: \$ _____

Scholarship Amount Needed: \$ _____
(Up to \$200 per camper)

Remaining balance, if any, will be paid by: Parents Church Other _____

Signature of Camper Parent or Guardian Date

Approved by Clergy or Youth Leader Date

Send completed applications to: The Rev. Canon Carol W. Sedlacek
Canon for Christian & Leadership Formation
11800 SW Military Lane
Portland, OR 97219-8436

Office Use Only

Received on: _____

Added to Scholarship List

Approved by: _____

_____ Check & Registration Form sent to Camping Office:
Date

1505 SW 18th Ave
Portland, OR 97201