

Church Scholarship Form For Camp Koinonia Summer Camp

Camper's Name _____

Church providing Scholarship _____

Camp attending (circle)

\$95 First Chance Camp (July 8-10)

\$175 Junior Camp (July 21-26)

\$175 Middle School Camp (July 28-Aug 2)

\$175 High School Camp (July 14-19)

Optional

\$10 Yearbook

\$__ Snack Shack/Canteen

Amount of scholarship to be paid by church \$ _____

Amount to be paid by parent/guardian at check-in \$ _____

Contact person authorizing scholarship

Name _____

Email _____

Phone _____

(signature) _____

Billing address of church