

# Church Scholarship Form For Camp Koinonia Summer Camp

Camper's Name \_\_\_\_\_

Church providing Scholarship \_\_\_\_\_

Camp attending (circle)

\$95 First Chance Camp (July 6-8)

\$175 Junior Camp (July 19-24)

\$175 Middle School Camp (July 26- July 31)

\$175 High School Camp (July 11-17)

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