



2009 FCA CAMP SCHOLARSHIP APPLICATION

Camper's Name: _____

Parent's Name: _____

Address: _____ City _____ State _____ Zip _____

Home (or cell) Phone: _____ email: _____

School: _____ Grade: _____ Camp Sport: _____

1. What scholarship amount do you feel you need in order to attend camp? Please include an explanation of any circumstances that will help us make our decision.

2. Parents estimated combined 2009 gross income: (Please check appropriate box)

- Under \$20,000 \$35-50,000 \$75,000-\$100,000
 \$20-35,000 \$50-75,000

3. Other siblings and ages:

4. Have you attended FCA summer camp before? Have you received financial scholarship before?

5. Do you have a FCA Huddle at your school? If so, are you actively involved?

Parent Signature: _____ Date: _____

**Please Complete and mail to local FCA office
or give to your FCA area rep with registration.**

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