

2010 FCA Camp Scholarship Authorization

CAMPER: Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Parents Cell _____
Parents Names _____

Camp to Attend _____ Date of Camp _____

School to attend in Fall 2010 _____

Have you been involved with FCA on your campus? Yes/No

Have you served as a Leader with FCA on campus? Yes/No

Reason you would like to attend FCA Camp _____

TO BE FILLED OUT BY LOCAL FCA OFFICE:

FCA Office/Scholarship Fund _____ ORG ID# _____

Scholarship Amount _____ Signature of Staff _____ Date _____

Return this form to: Jdavis@fca.org