



# 2010 Summer Camps Scholarship Request Form



(Please print)

FCA Camp Location \_\_\_\_\_ Camp Dates \_\_\_\_\_

Camper's Name \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade (September) \_\_\_\_\_

Church \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email \_\_\_\_\_

Scholarship Amount Requested \_\_\_\_\_

List FCA camps previously attended \_\_\_\_\_  
\_\_\_\_\_

Have you received an FCA Scholarship before? \_\_\_\_\_ Amount? \_\_\_\_\_

Parents combined gross income (check one)

\_\_\_\_\_ Under \$20,000

\_\_\_\_\_ \$20 – 35,000

\_\_\_\_\_ \$35 – 50,000

\_\_\_\_\_ \$50 – 75,000

\_\_\_\_\_ Above \$75,000

Is this a dual income home? \_\_\_\_\_ Single parent home? \_\_\_\_\_

Total number of children in the home? \_\_\_\_\_

(Turn over and complete Back Page)

Camper's comments on desire to attend an FCA Summer Camp:

---

---

---

---

---

---

---

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's comments regarding camper's interest in attending a FCA Summer Camp and request for camp scholarship funds:

---

---

---

---

---

---

---

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\* **NOTE:** In signing this form, the parent/guardian & athlete acknowledge that the Cancellation Fee or the No-Show Fee **is their obligation** and is not covered by any scholarship award.

Please complete and mail to:

**Metro Kansas City FCA**  
8701 Leeds Road  
Kansas City, MO 64129  
Or fax to: 816-921-4096

The limited funds available will be awarded based upon the applicant's need and in the order of the request.

