



# Impact 2018 Outdoor Ministries Scholarship Request Form

## 2010 Program Season

### Camper Information

Camper Name: \_\_\_\_\_

Camper Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Camp planning to attend (name & event #): \_\_\_\_\_

Scholarship type:  Standard  Family Need  Ethnic Minority  Developmentally Disabled

Scholarship amount requested: \$ \_\_\_\_\_

What other camp scholarships have you received such as church or district (list source and amount)?  
\_\_\_\_\_

### Family Information

Father/Step father Name: \_\_\_\_\_

Mother/Step mother Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_

Number of family members \_\_\_\_\_ Number of family members attending camp this season \_\_\_\_\_

Home church : \_\_\_\_\_

### Financial Information (to be completed by custodial parents)

Father/Step father work title/position: \_\_\_\_\_

Father/Step father's Annual Salary: \$ \_\_\_\_\_

Mother/Step mother work title/position: \_\_\_\_\_

Mother/Step mother's Annual Salary: \$ \_\_\_\_\_

Did you file a tax return for the prior year?  Yes  No

What was the adjusted gross income for last years tax return? \_\_\_\_\_

Marital status on tax return: \_\_\_\_\_

How many exemptions were claimed on last years tax return? \_\_\_\_\_

Does your family currently receive federal or state assistance (food stamps, free or reduced lunch program, subsidized housing)?  Yes  No

### Office Use Only

Scholarship Granted: Amount \_\_\_\_\_ Type \_\_\_\_\_

Date Granted \_\_\_\_\_ Authorized \_\_\_\_\_