

WinShape Ocala Community Day Camp 2015 June 8-12

Scholarship Request Form

Please note: All areas of this form must be completed to be considered for scholarship. Once you have completed this form it will be reviewed by the Scholarship committee. You will be contacted after review.

USING THE BACK OF THIS FORM CLEARLY INDICATE WHY YOU NEED THIS SCHOLARSHIP.

Parent's Full Name: Father _____ Mother _____

Marital Status: Married _____ Divorced _____ Single _____ Widowed _____

Email _____ Second Email _____

1st through 6th grade (Children must have completed 1st grade this past school year)

Childs Name _____ Age _____ Grade _____ School _____

Childs Name _____ Age _____ Grade _____ School _____

Childs Name _____ Age _____ Grade _____ School _____

Cell Phone _____ Home Phone _____

Address _____ City _____ Zip _____

Father's Employer _____ Mother's Employer _____

Where do you attend Church? _____

Circle events your child/children actively participates in at your church :

Sunday School Wednesday night Church Awana Children's Choir Upward Sports

Would your church home help in the sponsorship of your child to camp? Y / N

Do you have loved ones or friends that could help with the cost of camp? Y / N

Would you be willing to volunteer at the camp? Y / N

If so, you will be required to complete an application form and undergo a background check to volunteer.

Have you applied for a scholarship to WinShape Community Day Camp in the past? Y / N

(Camp cost is **\$199.00** for first child and **\$179.10** for each sibling)

Indicate Scholarship amount you are applying for:

First Child (circle one) 100% = \$199.00 75% = \$149.25 50% = \$99.50 25% = \$49.75

Additional Siblings @ _____ _____ _____ _____
100% (\$179.10) 75% (\$134.33) 50% (\$89.55) 25% (\$44.78)

Indicate number of siblings above the percentage you are requesting.

WINSHAPE OCALA USE ONLY

Date form received _____

Date family contacted _____

Scholarship Amount Approved _____ Children's Minister signature _____

WINSHAPE OCALA COMMUNITY DAY CAMP
Host Facility - First Baptist Church Ocala
2801 SE Maricamp Road, Ocala, FL 34471
(352) 629-5683, x142 / FAX (352) 629-1934
Mail or Fax, or drop off completed form