

South Dakota Conference United Church of Christ

3500 S. Phillips Ave., Suite 100

Sioux Falls, SD 57105

Placerville Camp Scholarship Request –

Applications must be received by May 1st

Name of Camper/Applicant: _____

Date of Birth: _____ Address: _____

Name of Parent/Legal Guardian _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Name & address of home church _____

Please make check marks where appropriate. Participation @ local UCC church:

_____ No participation _____ Sunday School participation _____ Confirmation class

_____ confirmed member _____ youth group _____ friend of church member

Name of Camp Attending: _____

Cost of Camp Attending: _____ Amount to be paid by local church: _____

Amount of family contribution: _____ Amount requested from Conference _____

Reason for camper scholarship request (**required**)

Signatures:

Camper _____

Parent/Guardian _____

Pastor at local church _____

For internal use only:

Application received

_____ *Approved by Placerville Camp Director*

_____ *Date*

_____ *Date of approval/denial letter*