



2018 Scholarship Application Form

Mail to: Camping Registrar
5833 SW 29th St., Suite A
Topeka KS 66614-5500
785-249-9720 (cell) - 785-272-7622 (office) - 785-272-5860 (fax)

The American Baptist Churches of the Central Region (ABCCR) is committed to making camp affordable to all by offering scholarships.

To apply for a camp scholarship, fill out this form, including parent/guardian signature. Mail or fax to the address at the top of this form no later than June 15. Applications postmarked after the June 15 deadline will be considered only if funding is still available. One camper and one camp per form.

CAMPER INFORMATION

Camper Name: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent/Guardian Email: _____

Church/Town: _____

Who is contributing to the Camp Fee?

Total Camp Fee: (Before Early Bird Discount) \$ _____

Early Bird Discount \$ _____

Church \$ _____ *(Region will pay only up to half of what church pays)*

Family/Relative \$ _____

Camper \$ _____

Youth Fundraisers \$ _____

Friend \$ _____

Other \$ _____

Total Contributions \$ _____

Total Scholarship Requested (Total Camp Fee less Total Contributions) \$ _____

Camp Location:	<input type="radio"/> Camp Christy	<input type="radio"/> Cross Wind	<input type="radio"/> Westminster Woods	<input type="radio"/> Other
Camp Name (i.e. Primary):	_____			
Camp Dates:	_____			

Reasons for Scholarship Request (Check ALL that apply)

- Camper receives free or reduced lunch at school
- Family meets income guidelines according to the chart below
- Paying for 2 family members to attend an ABCCR camp
- Paying for 3 family members to attend an ABCCR camp
- Paying for 4 or more family members to attend an ABCCR camp
- Single-parent family
- Other: _____

Income Guidelines			
Household Size	Annual	Month	Week
1	\$17,705	\$1,476	\$341
2	\$23,746	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
Each Additional Family Member - ADD	\$6,031	\$503	\$116

REQUIRED: I have read and completed all sections of this application. The information provided is correct to the best of my knowledge. I agree to provide documentation for proof of income if requested to do so.

Parent/Guardian Signature _____ **Date:** _____

<p>CHURCH USE ONLY: Church Name/Town: _____</p> <p>If additional information needed, contact: <input type="radio"/> Parent/Guardian <input type="radio"/> Church Contact</p> <p>Church Contact Name: _____</p> <p>Phone: _____ Email: _____</p> <p><input type="radio"/> I would like to be notified of the scholarship award (please provide email)</p>
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<p>OFFICE USE ONLY: Date Received: _____ Date Reviewed: _____</p> <p>Approved by: _____ Scholarship Amount Awarded: \$ _____</p>
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