APPLICATION FOR TIM SHEEHAN CAMP SCHOLARSHIP

The family of Tim Sheehan and the Ministry of St. John Lutheran are pleased to provide financial assistance to members of St. John from the Tim Sheehan Camp Scholarship Fund to attend the camp of your choice this summer.

Please note the <u>deadline of May 31, 2024</u> for the application to attend a camp during the summer of 2024. Submit your application and other information as noted below to the St. John Church or School Office.

Award notifications will be sent via email by June 7, 2024.

| Student Name | | | _ Grade |
|-----------------------------|--------------------|---------------|---------------------|
| Parent/Guardian Name | | | |
| Address - | | | |
| (street) | (city) | (state) | (zip) |
| Phone Number | | | |
| Parent Email | | | |
| <u>CAMP INFORMATION</u> – P | lease include a ca | ımp brochure | e or a copy of you |
| registra | tion form which | notes the can | np cost with your a |
| Camp Name | | | |
| Camp Location | | | |
| Dates of Camp | | | |
| Cost of Camp | | | |
| Have you received a Tim She | ehan Scholarship | p before? | YES NO |
| ++++++ | +++++++ | +++++ | +++++++ |
| (For office use only) | | | |
| Scholarship Granted: Yes | | | |
| No Ro | eason: | | |
| Family Notified: Date | | | |