



2025 Summer Camp Scholarship Application

Deadline: April 3

Application must be completed by parent of guardian if applicant is under 18.

Date:

Name of Camper:

Birth Date:

What Camp is Camper
planning to attend:

Date/Session:

Total Camp Fee Due:

Amount of
Scholarship
Requested:

Is Camper planning to
attend more than one
camp this summer?

Yes
No

If Yes,
Where?

What dates:

Have you applied for, and/or will you receive, additional funds from other sources such as

church, civic group or
other?

Yes
No

If Yes, where?

Total
Amount
Anticipated:

Child(ren) from the
same household
attending Camp
Fellowship and their
ages:

Explain in detail why
you require Scholarship
assistance:

Camper Name:

List members of the household:

Father's Name:

Mother's Name:

Siblings:

Relationship: Name:

Relationship: Name:

Relationship: Name:

Mailing Address:

CITY:

STATE: ZIP CODE:

Email:

Home Phone:

Cell Number(s):

Church Affiliation:

The Scholarship Committee will reach out to your Pastor, Youth Director, Director of Christian Education, or Ministry Leader.

Please list contact
information for
recommendation:

Electronic Signature:

Date

**Return to Foothills Presbytery
by Monday, April 3, 2025
via email, fax or mail to:**

LWhite@FoothillsPresbytery.org

Committee on Shared Ministry
Attn: LeAnne White
Foothills Presbytery
P. O. Box 1118
Simpsonville, SC 29681
864-288-5778

FOR OFFICE USE ONLY:

Type of Program

Assistance Requested:

Total Cost:

Amount to be Paid by

Participant:

The term of this
financial assistance

Date Received:

Financial Assistance

Staff Review:

Date

Received:

Program Director

Review:

Date

Letter

Mailed: