



Camp Horizon Scholarship Application

Preference will be given to first time campers and families with multiple campers. Funds are limited.
Once scholarship funds have been depleted scholarships will no longer be available.

Camper Name: _____ Age: _____
Date: _____ Home Phone: _____
Address: _____

Parent's Name(s): _____
Parent's Phone: _____ Email: _____

Home Church (Optional): _____
Pastor Name: _____ Pastor Phone: _____

Does your local Church offer any scholarships? Yes ___ No ___

Have you attended Camp Horizon Before? Yes ___ No ___
If yes, how recently? _____

Do you have siblings attending camp? Yes ___ No ___
If yes, how many? _____

Are you eligible for free or reduced lunches at school? Yes ___ No ___

Amount of Scholarship Requesting: _____
*Each camper may request a once per summer \$75 scholarship.

What Camp Session are you planning to attend?

_____ Camp Name & Date
(Example: Young Wonders, Week 2 June 8-12)

Scholarship Essay:

What would a scholarship mean to you? (use reverse side)