



FCA Golf Camps - Scholarship Application Form

Please print legibly and complete all fields in detail

Camper Name: _____ Gender: M F
(Last) (First)

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian E-Mail: _____

Name of school camper will attend in the fall: _____

Grade (September): _____ Year of Graduation: _____

Birth Date: _____

First Camp Choice: _____ Camp Dates: _____

Second Camp Choice: _____ Camp Dates _____

Scholarship Amount Requested \$ _____

Is this a dual income home? _____ Single parent home? _____

Total number of children in home: _____

Parents combined 2020 gross income (check one)

- _____ Under \$20,000
- _____ \$20 – 35,000
- _____ \$35 – 50,000
- _____ \$50 – 75,000
- _____ Above \$75,000

MUST be answered BY THE CAMPER: Why do you want to attend an FCA Golf Camp this summer?

Camper's Signature: _____ Date: _____

Parent/Guardian's comments regarding camper's interest in attending an FCA Golf Camp and request for camp scholarship funds:

Parent/Guardian Signature: _____ Date: _____

If granted a scholarship for an FCA Golf Camp, the remaining camp registration balance is due before the sign-up deadline date of the particular camp you wish to attend.

PLEASE NOTE— To make our camps available to as many junior golfers as possible, FCA Golf may provide limited scholarship help to those who have a legitimate need. The limited funds available will be awarded based upon the applicant's need and in the order of the request. The FCA Golf Ministry will provide a maximum of \$250.00 per camper as long as funds are available. Scholarship assistance should also be sought from your local community/church and your local area FCA (if applicable).

THIS IS NOT A CAMP ENROLLMENT FORM

Please complete and email your scholarship application to:

E-Mail: DSanto@fca.org