

Columbia Heights Assembly Youth Camp Scholarship Request Form

Scholarship Request Policies:

Please note that all scholarships are meant to assist in crisis, emergency and financial difficulties. It is a privilege to receive a scholarship- not all requests will be granted. Scholarships are intended to help cover part of the cost of registration only. (Scholarships will not cover any extra fees such as late fees, t-shirts, etc.) Deadlines for submission are **June 5th**. Submit completed form and any questions to the Front Office.

Using the space below, please prepare a personal essay that states why your family needs a scholarship. Have you received a scholarship before?

Camper's Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

Grade (in fall): _____

Camper's Relationship to Columbia Heights Assembly:

Current Membership: Member: _____ Attender (1+ years) _____ Visitor: _____

How long have you attended Columbia Heights Assembly? _____

Do you normally attend Columbia Heights Assembly? _____

In what area of church do you serve? _____

Family Information:

Parent(s)/Guardian(s) Name: _____

Home Address: _____

Phone Number: _____ Email: _____



Family's Relationship to Columbia Heights Assembly:

Current Membership Status (select one):

Member: _____ Attender (1+ years) _____ Visitor _____

How long have you attended Columbia Heights Assembly? _____

Do you normally attend Columbia Heights Assembly? _____

In what area of the church do you currently serve? _____

Scholarship Eligibility:

We offer discounts depending upon a family's circumstances and following evaluation from our leadership team, including KidVenture / The Yard Pastors.

By signing this agreement, I understand Columbia Heights Assembly may grant my student this scholarship for him/her to attend camp and I agree to pay my portion by the due date. If the amount due is not paid by agreed date, I understand my scholarship will be granted to another student who has requested a scholarship.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Office Use Only:	
Date Received	
Date Approved	
Scholarship Amount	
Remaining Balance	
Payment Plan?	Yes / No
Remaining Balance Due Date	

