



Campership Application

Scholarship recipient Name _____ Camp Application ID _____

Camp Name (must be an approved IH Camp) _____

Camp representative (please print) _____ Phone _____

E-mail address _____

Who is completing the scholarship application? Parent/Guardian Camp Other (explain) _____

If Other: Name (please print) _____ Phone _____

Name of Camper Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Why did you select this camper to receive a scholarship to camp? Attach separate sheet if needed.

Does applicant qualify for financial need based assistance by the camps requirements? Yes No

Period attending camp _____ to _____
Month/Day/Year Month/Day/Year

Total camper fee \$ _____ Total scholarship requested \$ _____

