



# 2024 SCHOLARSHIP FORM

To be considered for ECC Scholarship, please complete this form as soon as possible. Return instructions are listed below.

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Name(s):

_____	_____
_____	_____
_____	_____

Please choose ONE option below:

My family regularly attends a RI Episcopal Church that has a program, fund or endowment to support ECC Camperships. Please confirm this program and the amount the parish will contribute via email, in-person or phone with your parish priest. ECC will follow-up with your parish for payment.

Parish: \_\_\_\_\_ Priest Name: \_\_\_\_\_

I have spoken with my parish priest. My parish agreed to provide the following amount per camper: \$ \_\_\_\_\_

Per camper, my family is able to pay, (including deposit): \$ \_\_\_\_\_

Per camper, I am requesting ECC Scholarship in the following amount: \$ \_\_\_\_\_

My family does not regularly attend a RI Episcopal Church.

Per camper, my family is able to pay, (including deposit): \$ \_\_\_\_\_

Per camper, I am requesting ECC Scholarship in the following amount: \$ \_\_\_\_\_

*I acknowledge that all information provided above is accurate.*

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form via email as soon as possible to [sara@eccri.org](mailto:sara@eccri.org). You may also mail the form to ECC, ATTN: Scholarship Committee, 872 Reservoir Road, Pascoag, RI. Once your application is approved, you will be notified by email. Should you require scholarship beyond what has been offered, or have questions, please contact our camp office during normal business hours at 401-568-4055 or [sara@eccri.org](mailto:sara@eccri.org).