

directors@campchickagami.org.

## **Scholarship Application Form**

**Important note:** To be considered for scholarship, please complete and submit this form no later than two weeks prior to the start of your camper's first session.

Parent/0	Suardian Name:		
Email: _		Phone:	
Camper	Name(s):		
Please o	choose <b>one</b> option below:		
	Option 1: My family regularly attends an Episco	•	
	We ask that you talk to your parish priest or church leadership to ask for support with the cost of camp. We recommend that the cost be shared by the church, your family and camp - each paying $\frac{1}{3}$ of the Tier 1 cost of camp. Once you have spoken with your priest or church leadership, Camp Chickagami will confirm and follow-up with your parish for payment.		
	Parish:	City:	
	Priest or Senior Warden name:		
	Email:	Phone:	
	I have spoken with my parish priest, and my parish agreed to provide the following: \$ My family is able to pay, (including deposit): \$		
	I am requesting Camp Chi	ckagami scholarship in the following amount: \$	
	individual has agreed to sponsor part of the reg	-	
Name of organization or individual:			
	Email:	Phone:	
	The organization or person name	ed above has agreed to provide the following: \$	
	I am requesting Camp Chi	My family is able to pay, (including deposit): \$ckagami scholarship in the following amount: \$	
	Option 3: My family does not regularly attend a person able to help sponsor.	n Episcopal Church and has no other organization or	
		My family is able to pay, (including deposit): \$	
	I am requesting Camp Chi	ckagami scholarship in the following amount: \$	
I acknov	vledge that all the information provided above is ac	curate to the best of my knowledge.	
Signatur	re of parent/guardian	Date:	
to Camp		<b>ble</b> to directors@campchickagami.org, You may also mail the form Once your application is approved, you will be notified by email.  have any questions, please contact us via email at	