

Financial Aid Application

Camp Ithiel
P.O. Box 25
Gotha, FL 34734
summer@campithiel.org

Camp Ithiel offers scholarship assistance to prospective campers with financial need. This assistance is available to both individuals and families and is distributed on a first-come, first-served basis. Please complete the form below and send it back to our office as soon as possible.

Camper Name _____ Grade _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Church _____ Church Phone _____

School District of Camper: _____ County: _____

Please circle camp(s) interested in attending:

Kids Senior High Junior High Junior Workcamp Mountain Adventure

Please explain reason(s) for requesting financial assistance: _____

Before Applying *(fill in blanks)*

Cost of Camp \$ _____ Church Contribution \$ _____

Your Contribution \$ _____ Scholarship Requested \$ _____

Has your registration been sent to camp? Yes _____ No _____ Enclosed _____

Please be aware that this information will be kept confidential.

Camper Signature _____ Date _____

Parent/Guardian Name (Print) _____ Phone _____

Parent/Guardian Signature _____ Date _____

Send this form to us as soon as possible.

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