



ScholarshipApplication

Please print. Complete both sides & return before registering.

Camp Ithiel, P.O. Box 25, Gotta, FL 34734

Office Phone: (407) 293-3481

Email: summer@campithiel.org Website: www.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 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
ages 6-8

Senior High
ages 15-18

Junior High
ages 12-14

Junior
ages 9-11

Mountain Adventure
Travel Camp
ages 12-18

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 ___

**Parent/Guardian understands if awarded financial assistance, recipient will pay
no less than \$75.00 minimum per camper registration? Yes ___ No ___**

Camper Signature _____ Date _____
Month / Date / Year

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____
Month / Date / Year

Send this form to Camp Ithiel asap.

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