

## **EPBA Scholarship Application**

*Please complete the following application (one per camper). Additional paper work or other supporting documents may be requested to help us make an eligibility determination. This application must accompany a current summer registration and health form, if not already provided. Mail or drop off the completed application to the EPBA office. Someone from the office will contact you within 30 days of receipt of your application, indicating the amount of financial aid granted.*

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What is the approximate household annual income? \_\_\_\_\_

- Number of people living in your household: \_\_\_\_\_
- Has your child received financial assistance from EPBA before? ☐ YES ☐ NO ☐ DON'T KNOW
- Have you asked your family, friends, work, or church for help with camp costs?  
☐ YES ☐ NO

Please explain why you are requesting assistance with camp fees or any special circumstances that we should be aware of in considering your request.

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## EPBA Scholarship Application

*The Camper Scholarship Program is a partnership between the camper's family, home church, and EPBA. Please consider what your family and extended family can contribute to the cost of camp. Contact your pastor to see what amount your church may contribute. Enter these amounts on the lines below to figure the amount of scholarship that you are requesting.*

What **CAMP/EVENT** are you requesting scholarship for?: \_\_\_\_\_

List the names of any siblings attending.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\$\_\_\_\_\_ (Required registration fee per camper)

\$\_\_\_\_\_ Amount I can pay

\$\_\_\_\_\_ Amount provided by my family, friends and/or church

\$\_\_\_\_\_ Amount I am requesting for a Camp Scholarship

*I certify that all of the above information and any supporting documentation requested are true, accurate and correct. I also certify that all income has been reported. I understand that any scholarship awarded is subject to revocation and/or adjustment if found to be otherwise.*

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

### ***Recommending Pastor/Leader please fill out the following***

Name of church requesting scholarship

\_\_\_\_\_

Is applicant a member of your church? ☐ YES ☐ NO

Is your church a participating member of EPBA? ☐ YES ☐ NO

Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### **Office Use Only**

Amount of Scholarship Granted: \$ \_\_\_\_\_

Reviewed by: \_\_\_\_\_

EPBA Executive Director: \_\_\_\_\_ **Approved / Denied**

Date: \_\_\_\_\_