

# Arizona Adventist Youth Camps Scholarship Application

This form is to be used for any camper requesting funds from the Arizona Youth Camp Scholarship Fund. The Scholarship Fund is funded from offerings and donations, given by interested people, for that purpose. These funds are available on a first come, first-served basis and are limited.

For a camper to be considered for assistance from the Arizona Adventist Youth Camp Scholarship Fund, this form must be completed and the following guidelines (listed below) must be met. The completed form (all signatures required) should be attached to the Camp Application and mailed with the deposit to Arizona Youth Department. You will be notified if there are sufficient funds to grant your scholarship request. If not the balance of the fee is due upon the arrival at camp.

### Assistance Guidelines

Family Members	Total Household Income
2. . . . .	Less Than \$25,000.00
3. . . . .	Less Than \$27,000.00
4. . . . .	Less Than \$30,000.00
5. . . . .	Less Than \$35,000.00
6. . . . .	Less Than \$45,000.00

(This means if the household has a one parent and one child it would be 2 family members. If the total income is less than \$25,000.00 the camper is eligible to apply for a camp scholarship. Two parents and one child or one parent and two children would be a three member family, etc.)

DATE: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Camp Session: \_\_\_\_\_

Date of Camp Session: \_\_\_\_\_

Camp Fee: \$ \_\_\_\_\_.

Less Scholarship Fund: \$ \_\_\_\_\_ Amount requested from the Scholarship Fund, up to \$60.00 per camper

Sponsoring Church: \_\_\_\_\_

Less Church's Contribution: \$ \_\_\_\_\_ Church Pastor's or Head Elder's Signature \_\_\_\_\_

Less Parent's Contribution: \$ \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**TOTAL** Should Equal \$ \_\_\_\_\_ 00.00

### RETURN (with Camp Application and deposit) TO

Arizona Adventist Youth Camps P.O. Box 12340 Scottsdale AZ 85267  
 Phone: 480-991-6777 FAX: 480-991-4833 Website: <http://arzcyouth.netadventist.org/>

Office Use Only

Date Received \_\_\_\_\_ Amount Granted \_\_\_\_\_