

**Greensboro United Church of Christ
Summer Camp Scholarship Application
(Please submit separate application for each child/event)**

Child's Name _____ Date of Birth _____

Parents Name(s) _____

Phone #'s (home, cell & work) _____

Home address _____

_____ Primary E – mail _____

Name of camp program your child will attend _____

_____ Dates _____

Official name of camp organization to which check should be made out:

Camp Address: _____

Camp Phone #: _____ Website: _____

What is total tuition for the dates that your child will be at camp? _____

How much money are you requesting? _____

Amount and date for early registration (if any): _____

Does your child receive free or reduced lunch at school?

To be assured of consideration have your application to the church office by July 1, 2008.

Return form to: **Greensboro United Church of Christ
P.O. Box 176
Greensboro, VT 05681**

If you have any questions, call us at: 533-2223

Happy Camping!