John Calvin Presbytery
P.O. Box 787
Shell Knob, MO 65747

Camp Scholarship Application
Please fill in the following application and mail to the above address.

Name of Camper _____

Home Address_____

City _____ State_____ Zip Code _____

Church Affiliation_____

Camper's Date of Birth _____ Current Age _____

Circle Camp of Choice: Heartland Mound Ridge Westminster Woods

Date of Camp_____ Title of Camp Program_____

Cost of the Camp _____

**Please include with this application at least one hand written paragraph about why you want to go to camp and why this particular camp.

Name of Parent or Guardian_____

Adresss_____

City_____ State_____ Zip Code_____

Emergency Phone Number _____

It is the goal of the Mission and Nurture Committee of John Calvin Presbytery to assist as many children as possible in the camp experience. If possible, it would be appropriate for each entity (family, church & presbytery) to provide 1/3 of the expense. **If there are extenuating circumstances, please let us know in writing what those circumstances are.

How much are you able to contribute toward this child's camp experience? _____

How much is your local congregation able to contribute to this child's camp experience?_____

Please include a letter from the pastor or clerk of session indicating the amount. **All applications will be held in confidence.