

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 Covenant Point

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 \_\_\_\_\_

Address \_\_\_\_\_

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.**