



Application For Campership

Camper Information

Adult Camper Name _____ Male/Female

Child Camper Name _____ Male/Female Grade ____ Date of Birth __/__/__

Child Camper Name _____ Male/Female Grade ____ Date of Birth __/__/__

Child Camper Name _____ Male/Female Grade ____ Date of Birth __/__/__

Please circle the camps that you and your child are interested in attending:

- Mother & Daughter
- Father & Daughter Camp-out
- Father & Son
- Mom & Daughter Horse Camps
- Mother & Son
- Father & Son Horse Pack Trip
- Family Camps

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Have you received a scholarship from Camp Peniel before? Yes ___ No ___

What do you hope to gain from a camp experience at Camp Peniel? _____

Family Financial Information

Please list all members living in your household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital status: Single Married Separated Divorced Widowed

Parent/Guardian #1 Job Title/Profession: _____ Monthly Income: \$ _____

Parent/Guardian #2 Job Title/Profession: _____ Monthly Income: \$ _____

Total monthly income for household: \$ _____

If currently unemployed, how long have you been unemployed? _____

Please explain any extenuating financial or other circumstances that make this scholarship important (use another page if necessary):

Camp Tuition Calculation (required)

Camp Tuition: \$ _____

Less Scholarship Deposit: (\$25.00 PP) (\$ 50.00)

Remaining Balance: \$ _____

Max. amount you can afford

of remaining balance: \$ _____

Amount of scholarship requested: \$ _____

Payment Information

A scholarship deposit of \$25.00 PP is due with this application and replaces the deposit required with the Camp Application. The deposit will be applied toward tuition. Please pay by check, money order, or credit card. To pay by credit card, please complete the following:

Type: **Visa Mastercard Discover**

Cardholder's Name: _____ Card Number: _____

Expiration Date: _____ Amount to Charge: _____

The information I have provided on this scholarship request form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

**Remember to register online, enclose your deposit and Scholarship Application.*