



Summer Church Camp Scholarship Request Form

Child's Name	Age	Camp Attending
_____	_____	_____
Parent Name	Phone (best contact)	
_____	_____	
Address		
Street	Town	Zip
_____	_____	_____
Email Address:	_____	
Dates Attending	_____	

Note: All requests for scholarships will be accepted!

This form is simply to help ensure that the checks get to the right families made out to the correct camp at the proper time.

Please return this form to Ruth Ann White: email: whitera90@gmail.com

Mail: UPL, 39 Main St., Lunenburg

