

Camp Lake Louise Scholarship Form

Camper Name				
Address				
City				
State		Zip		
Phone				
Church Attending				
Camp Attending:			Fee: \$	
Amount Requested	\$			
Reason for Scholarship				
Requested by:			Date:	
	Please print name			

CAMP USE ONLY

Received by:			Date:		
Amount Approved:	\$		1/3 Scholarship	1/2 Scholarship	Full Scholarship
Approved by:			Date:		
	Resident Director Signature				
Approved by:			Date:		
	Treasurer or Board Chair Signature				