SCHOLARSHIP APPLICATION				
Name of camper	Date			
Address		Phone		
City		State	Zip	
Email:	· · · · · · · · · · · · · · · · · · ·		Age	
Grade (Upcoming Fall)	School			
Scholarships will be given as money is available. This fully completed form plus a \$100 deposit (\$50 non-refundable) is required to process your scholarship request and reserve space for you at camp.				
Transportation to camp is not o	covered by a NWCCD schola	rship and is th	e camper's responsibility.	
If a scholarship is awarded, t		e remaining po	rtion of the camper fee.	
There are no full NWCCD sch church or pastor for financial half If there is a group of NWCCD k raiser of your owr	elp, and approach local civid	c organizations ancial assistan	s like Kiwanis, Rotary, etc. ce, consider having a fund	
Did you ask your pastor or chur	ch for help?yesno	How much did	you receive? \$	
Did you ask another organization	on for help?yesno _ l	How much did	you receive? \$	
Number of dependents in camp	per's family			
Number of wage earning adults	in family (part or full-time) _			
Total yearly income \$	(include Social Secu	rity and SSI ind	come).	
ATTENTION CAMPER: Descricamp. Why do you want to con		ds, what you e	expect to get, or learn from	
How did you find out about NW Have you been to NWCCD before	• • • • • • • • • • • • • • • • • • • •	`		
Have you been to thing our bott	Jie! yes iic	J		
		narked by June	∍ 1st.	
Our email address: nwccd2011 Our website: gmdeaf.org	I@yahoo.com		7/14/10	