

SCHOLARSHIP APPLICATION

Name of camper _____ Date _____
Address _____ Phone _____
City _____ State _____ Zip _____
Email: _____ Age _____
Grade in school 9/07 _____ 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 covered by a NWCCD scholarship and is the camper's responsibility.

Apply Early!

If a scholarship is awarded, the camper must provide the remaining portion of the camper fee.

There are no full NWCCD scholarships. **NWCCD pays up to \$50.00 per camper.** Contact your church or pastor for financial help, and approach local civic organizations like Kiwanis, Rotary, etc. If there is a group of NWCCD kids in your area needing financial assistance, consider having a fund raiser of your own (bake sale, car wash, garage sale, walk-a-thon, etc.).

Did you ask your pastor or church for help? yes no How much did you receive? \$ _____

Did you ask another organization for help? yes no How much did you receive? \$ _____

Number of dependents in camper's family _____

Number of wage earning adults in family (part or full-time) _____

Total yearly income \$ _____ (include Social Security and SSI income).

ATTENTION CAMPER: Describe briefly, in your own words, what you expect to get, or learn from camp. Why do you want to come to camp?

How did you find out about NWCCD Camp? _____

Have you been to NWCCD before? yes no

This form plus your camper registration form must be postmarked by May 1, 2010.

Mail to: NWCCD
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Aloha, OR 97007-3296

Our email address: nwccd2010@yahoo.com

Our website: gmdeaf.org