

Palomar Christian Conference Center Scholarship Application Form



Parent or Guardian's Name(s): _____

Camper Name(s) and Camp(s) they are applying for: _____

Camper(s)' Age(s) and Grade(s): _____

Mailing Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Do you attend a church? Yes/ No If so, what church? _____

1. Has your camper(s) been to one of our camps before? Yes/ No
2. Has your camper(s) received a scholarship or discount before? Yes/ No
If yes, what was the amount? _____ what year? _____
3. What impact do you hope that camp will have on your camper(s)?

4. What are the specific circumstances that we should be aware of in considering your request?

Total Household Size: _____ Number of Dependents: _____

Parent Occupation: _____ Annual Income (before taxes): _____

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5. Are you paying child support? Yes/ No
6. Are you receiving unemployment or disability pensions? Yes/ No
7. How much can you afford to pay for camp? _____

Terms of Scholarship:

All of the scholarships we award are partial. You will have to pay the camp deposit when you accept/register. Our scholarship offer will be good for 5 business days. If you do not accept, we will use the funds for another applicant.

Signature of Parent or Guardian (required) _____

Please complete and return to:

Attn. Trish Guinn

Palomar Christian Conference Center

Or

camps@palomar.camp

Or Fax: 760-742-4207

PO Box 160

Palomar Mountain, CA 92060