

Baldwin Community United Methodist Church



5001 Baptist Road
Pittsburgh, PA 15236

2024 Camp Scholarship Request Form

Parent's Name: _____

Address: _____ Phone: _____

Parent's Email: _____

Child's Name: _____

Camp Location: _____

Event # : _____ Event Name: _____

Event Date: _____ Event Cost: _____

As the parent of the child named above, I am requesting the amount listed below for scholarship towards an event at a United Methodist camp for the summer of 2024. By making this request I understand that I will participate in the life of the church year to the best of my ability. Families are asked, if possible, to pay 20% of the cost of the camp prior to the scholarship being granted, but full-cost scholarships may be available in special circumstance.

All requests should be sent to the church office by May 17th and marked "CAMP SCHOLARSHIP" or emailed to rfruscello@baldwincommunityumc.com.

By signing below, you understand and agree to these conditions.

Event Cost:		1	Remaining cost after family contribution:		6
Registration Fee:		2	Scholarship requested:		7
20% of event cost (line 1 amount x 0.20):		3	office use only		
Additional amount family can pay:		4	Scholarship Granted:	yes	no
Total family contribution (total of lines 2, 3, 4)		5	Amount:		8