

**Chicago Central District
2017 Summer Camp
Financial Assistance Application**



*Please complete this form and mail by April 3, 2017 to:
Kankakee First Church of the Nazarene
attn: Brandon Carter
1000 N Entrance Ave
Kankakee, IL 60901*

Student Name: _____

Date of Birth: ____/____/____ **Grade completed by camp:** _____

Parent(s) Name(s): _____

Address: _____

Parent/Guardian Cell Phone #1: _____

Parent/Guardian Cell Phone #2: _____

E-mail Address: _____

Home Church: Kankakee First Church of the Nazarene

Camp attending:

____ Middle School Camp (completed 6th-8th) // July 10-14 // Indian Lake // \$285

____ High School Camp (completed 9th-12th) // June 26-30 // Indian Lake // \$285

What do you feel are the reasons your child needs financial assistance for camp (e.g., multiple children attending camp, financial hardship, etc.)?

____ I acknowledge that I am applying for financial assistance through the Chicago Central District Church of the Nazarene for my student/child to attend summer camp. I certify the information above is complete and accurate.

____ I understand the scholarship will be sent directly to the camp, on behalf of my child, and I will be notified of the awarded amount.

____ I understand it is my responsibility to register my child for camp before the scholarship payment will be made to the camp.

Parent/guardian signature: _____

Date: _____