

**Kankakee First  
2017 Summer Camp  
Financial Assistance Application**



Please complete this form and mail by May 1, 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:** \_\_\_\_\_

**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 Kankakee First 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:** \_\_\_\_\_