

Delmarva Christian Service Camp Scholarship Request Form

This form must be completed and submitted to the DCSC Scholarship Committee by **April 15** to be considered for a scholarship.

E-mail form to: managerdcsc@gmail.com
or Mail completed form to: Scholarship Request Committee
c/o Rich Paris
143 Turner Dr.
Dover DE 19904

Name _____

Address _____

Contact Numbers _____

Week Scholarship Requested (only one scholarship available per camper per year)

If form is for more than one camper, write name next to week attending

___ MAD 8-12 grade ___ High School 9-12 grade ___ Middle School 6-8 grade

___ Junior 4-5 grade ___ Beginner 2-3 grade ___ First Timers K-1 grade (Day Camp)

Reason requesting scholarship; _____

I can pay \$ _____ towards my camp tuition.

Only genuine financial need please apply due to limited funding.

Church Congregation _____

Do not write below this line

Date received by committee _____

Committee Decision: ___ Approved ___ Denied

Reason _____

Camper notified on _____