

Scholarship Request Form

First Presbyterian Church, Clarks Summit
300 School Street
Clarks Summit, PA 18411
570-586-6306

Your Name (please print): _____

Camp/Conference for which Scholarship is requested* : _____

Date of Camp / Conference : _____

Total Cost of Camp / Conference: _____

After prayerful consideration, I and my family believe we can contribute the amount of \$ _____ toward my attendance at the Camp/Conference

We request \$ _____ in Scholarship funds

Please share with us how you believe attendance will influence your faith journey (what you hope to get out of attending the Camp/Conference?). You are welcome to use this space or an attached sheet.

Youth Signature

Date

Parent/Guardian Signature

Date

Church Representative Signature

Date

*See www.presbycampackawanna.org/summerprogram.html for a list of programs