

**Camp Wapo 2012  
Calvary Lutheran Church  
Scholarship Application Form**

**Contact Information**

Recipients Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Scholarship Information**

Camp Attending (please circle): Seeds Wapo Mainsite TIM Team Journey of the Cross Luther Dell  
Grade: \_\_\_\_\_ How many children in your family are registering for Wapo this year? \_\_\_\_\_

Note: Grace Place kids in grades 2-6 are eligible for subsidies up to \$200 through the d6 Family Challenge. Family participation in this program is highly encouraged to off set camp expenses.

Did your family participate in this program this year? Yes No

1. Are there any special circumstances in your family that have resulted in your need for financial assistance (i.e. loss of job, illness, etc.)?

---

---

---

---

---

2. What are your hopes, dreams and expectations for your camp experience this year?

---

---

---

---

---

3. How much will you be able to pay for camp? \$\_\_\_\_\_

Would you be willing to make monthly payments? \_\_ yes \_\_ no

If yes, how much could you afford on a monthly basis? \$\_\_\_\_\_

4. What is your church affiliation? (circle one)

Member      Long time attendee      Friend of Calvary student/family      Attend another church

**For Office Use Only:**

Date Received: \_\_\_\_\_ Deposit Amt: \_\_\_\_\_ Scholarship amt.: \_\_\_\_\_