

First Presbyterian Church of Cheyenne Summer Camp Tuition Assistance Application

Date: _____ (Deadline for Applying is May 31, 2009)

Name: _____ Age: _____ DOB: _____
(First) (MI) (Last)

Address: _____

Contacts: Phone (Home) _____ (Cell) _____ (Email) _____

Parent's Name(s): _____

Parent's Address: _____

Contacts: Phone (Home) _____ (Cell) _____ (Email) _____

Name of Camp: _____

Focus of Camp: _____

Location of Camp: _____

Intended Dates of Attendance: _____

Cost for Intended Dates of Attendance: _____

Contact Numbers of Camp: _____

Web Site of Camp: _____

Brief description of the camp and why you desire to attend. (Please attach additional pages if necessary):

Please Attach Camp Brochures and Registration Form to this Application (Required):

**Applicants must be 18yrs or younger at time of camp attendance.

**Amount of funds available will be dependent upon the number of approved applications for funding.

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 Approved

Disapproved

Award Amount: _____

(Approving Authority)

Date