



CAMP KANUGA

SCHOLARSHIP APPLICATION

Return to: Camp Kanuga, P.O. Box 250, Hendersonville, NC 28793

Applicant Information

Parent/Guardian Name	Daytime Telephone	Evening Telephone
Address	City, State, Zip	Email
Name of Camper 1	Name of Camper 2	Name of Camper 3

Registration

- My camper is already registered.
 My camper is not yet registered.

Please indicate Session for which you are seeking aid

- | | |
|---|---|
| <input type="checkbox"/> Starter Camp A | <input type="checkbox"/> Leadership Academy |
| <input type="checkbox"/> Starter Camp B | <input type="checkbox"/> Pioneers Expedition |
| <input type="checkbox"/> Starter Camp C | <input type="checkbox"/> Explorers Expedition |
| <input type="checkbox"/> Starter Camp D | |
| <input type="checkbox"/> Starter Camp E | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> Session 1 | |
| <input type="checkbox"/> Session 2 | |
| <input type="checkbox"/> Session 3 | |
| <input type="checkbox"/> Session 4 | |
| <input type="checkbox"/> Session 5 | |

Request

- I am requesting 20% of my family's total camp tuition

Depending on the scholarship funds available, we will do our best to grant amount requested.

Optional

How much aid can your church provide? _____

Church Address: _____

Rector's Name: _____

Reason for Request

Please describe what benefit you believe Camp Kanuga will bring to your child(ren) and give a brief description of why you are seeking financial aid.

