



Summer Camp 2008

Scholarship Application form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email address _____

Parent/Guardian (please print) _____

Church/City _____ Rector/Vicar _____

Name and date of event attending _____

The Diocese of Colorado endeavors to make Episcopal Summer Camps financially accessible to all who wish to attend. The expense of this event is to be shared amongst the participant, his/her congregation and the Office for Faith Formation. Please provide a few sentences as to your reasons for requesting financial aid.

Statement of Need

Amount Requested

1. Total Cost of Event \$ _____
2. Amount paid by participant \$ _____
3. Amount paid by congregation \$ _____
4. Add lines 3 & 4 \$ _____
5. Subtract the amount from line 4 from line 1. This is the scholarship amount paid by the Office for Faith Formation \$ _____

Participant signature _____ Date _____

Parent signature (if participant under age 18) _____ Date _____

For Your Rector or Vicar

I verify that, to the best of my knowledge, the above named applicant is in need of scholarship aid in order to attend the above listed program. Enclosed is \$ _____ as partial scholarship from my congregation.

Rector or Vicar signature _____ Date _____

Return completed scholarship application and checks made payable to **The Episcopal Diocese of Colorado** to:

Episcopal Diocese of Colorado
Office for Faith Formation
1300 Washington St.
Denver, CO 80203