



2019 Summer Camps Scholarship Request Form

(Please print)

FCA Camp Location _____ Camp Dates _____

Camper's Name _____ Gender: M F

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

School _____ Grade (September) _____

Church _____

Parent/Guardian Name(s) _____

Parent's Phone _____ Student's Phone _____

Email _____

List FCA camps previously attended _____

Have you received an FCA Scholarship before? _____ Amount? _____

Parents combined gross income (check one)

_____ Under \$20,000

_____ \$20 – 35,000

_____ \$35 – 50,000

_____ \$50 – 75,000

_____ Above \$75,000

Is this a dual income home? _____ Single parent home? _____

Total number of children in the home? _____

(Turn over and complete back page)

Camper's comments on desire to attend an FCA Summer Camp:

Student's signature _____

Date _____

Parent/Guardian's comments regarding camper's interest in attending a FCA Summer Camp and request for camp scholarship funds:

Parent/Guardian Signature _____

Date _____

Please complete and mail to:

Eastern Iowa FCA

1800 46th Street NE

Cedar Rapids, IA 52402

Or fax to: 319-832-1471

Email: hrunyan@fca.org

The limited funds available will be awarded based on the applicant's need and on the order of the request.