

2018 FCA CAMP SCHOLARSHIP REQUEST

Camper's Name: _____
(Only one form per family is necessary, but please list all campers for whom you seek a scholarship)

Parent's Name: _____

Address: _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

School: _____ **Grade(s):** _____

- 1. What camps are you interested in attending? Main Sport?**

- 2. What scholarship amount do you feel you need in order to attend camp?**

- 3. Have you attended a FCA Camp in the past? Have you received an FCA scholarship before? If so, what year(s)?**

- 4. Parents combined gross income for previous year: (Please check appropriate box)**
 Under \$20,000 \$35-50,000 Above &75,000
 \$20-35,000 \$50-75,000

- 5. What is the reason for the request? And/or are there extenuating financial circumstances?**

- 6. Other Siblings and ages:**

- 7. Do you have a FCA Huddle at your school? If so, are you actively involved?**

Signature: _____ **Date:** _____

Please Complete and email to fourigan@fca.org or mail to local FCA office.

**Frederick FCA
Attn: Camp Director
9312 A Ball Road
Ijamsville, MD 21754**