

2019 FCA CAMP SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____

Office Phone: _____

School: _____

Grade: _____

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. Other Siblings and ages:

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

Signature: _____

Date: _____

Please complete form and email to kristiemoore@fca.org

or mail to the SD FCA office:

South Dakota FCA

1601 E. 69th St. #301

Sioux Falls, SD 57108