

PRESBYTERIAN CAMP AND CONFERENCE MINISTRIES
OF SOUTHWEST FLORIDA, INC.

1920 STREETMAN DRIVE
LITHIA, FLORIDA 33547-1822
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E-MAIL: CAMPS@CEDARKIRK.COM
WEB SITE: WWW.CEDARKIRK.COM

Summer Camp Scholarship Fund Application

Date of Application: _____

Camper's Name: _____

Parent/Guardian's Name: _____

Address: _____

_____ Phone: _____

Church: _____

1st Choice Camp Session: _____

Cost: \$ _____ Dates: _____

2nd Choice Camp Session: _____

Cost: \$ _____ Dates: _____

Amount Paid by Camper: \$ _____ Amount Paid by Church: \$ _____

Amount Requested by Cedarkirk Scholarship Fund: \$ _____

Reason for Request: _____

Signature of Parent/Guardian: _____

Signature of Authorized Church Official: _____
(required only if church is sponsoring camper)

Signature of Cedarkirk Staff: _____ Date: _____

Posted to Camper's Account (Date): _____ By: _____ (Initials)

Need Based Worship Leader (_____) Nurse (_____)

Staff (_____)