Oak Hill Christian Service Camp

Planting seeds that will grow.

www.oakhillcamp.org

Travis Jones, Camp Manager

Scholarship Application

Instructions:

- Parent or guardian **must** supply the name of their home church minister or youth minister below and complete all of Part 1, including signatures. If you do not have a home church, please supply the name, phone number and relationship of another non-related adult who can serve as a reference. **Camper must complete a short essay in Part 2.**
- **Applications for scholarships must be received by May 1** in order to be considered. **No late applications will be accepted.**
- Acceptance for a scholarship and the actual amount of scholarship awarded to a camper will be based on both the financial need and the amount of money available in the scholarship fund.
- Parents will be notified whether or not their application has been accepted by June 1. The early bird registration fee will apply if a scholarship is awarded.
- Please **do not** register for your desired week until you have been contacted.
- **Applications must be mailed to:** Pam Strong, Oak Hill Camp Scholarship Fund, 137 Long Creek Drive, Bumpass VA 23024.

I authorize the minister or reference below to discuss with the committee this application for financial assistance.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Minister / Reference Name: _____

Relationship (if not Minister): _____

Church: _____

Phone Number of Minister / Reference Given Above: _____

Visit our Summer Camp Schedule for specific dates.

Part 1 – To be completed by parent

Camper's Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____ Birthdate: _____ Grade Fall 2014: _____

Email Address: _____

Parent / Guardian Name: _____

Home Church: _____

Reason for Requesting Scholarship: _____

_____

_____

Note: The scholarship fund is available for all camp weeks; however a maximum amount will be available out of the fund per camper and only one time per camper per summer.

Week Camper Would Like to Attend: _____

Cost of Camp Week: $_____

I can pay this amount: $_____ I am requesting $_____ in financial assistance.

Signature of Parent/ Guardian: _____

Part 2 – To be completed by camper

In 100 words or less, please tell us why coming to camp is important to you. Use the space below or attach a separate paper.

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Return this completed application to:
Pam Strong, Camp Registrar | 137 Long Creek Drive | Bumpass VA 23024

Revised March 31, 2019