



# Warren W. Willis Summer Camp Scholarship Assistance Request

First United Methodist Church will consider every request. Assistance is designed to help families who, due to limited financial resources, may otherwise be unable to participate in summer camp. Due to the number of applications we receive, we encourage you to also apply for assistance from Warren W. Willis Summer Camp by registering your camper/s for Tier 1, Subsidized Tuition.

Return this application to the ministry area with whom the initial request was made (Children's Ministries, Youth Ministries, etc.).

We encourage you to register your camper(s) for camp as soon as possible since summer camp weeks fill up quickly. Funds are paid directly to the camp with the name of the camper on the remittance. If your child is unable to attend camp, funds will not be dispersed.

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Date: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Parent/Guardian (2) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Which week of camp is your child attending? *First United Methodist Staff will be attending* **July 8-13** \_\_\_\_\_

Number of People in Family \_\_\_\_\_

Number of Campers Assistance Will Be Requested for \_\_\_\_\_

Amount of financial assistance requested \$ \_\_\_\_\_

Did you register your camper/s for Tier 1 when registering for camp?

Yes\_\_\_\_ No\_\_\_\_ If no, which Tier did you register them under? \_\_\_\_\_

Through which ministry area are you working to receive assistance?

Children's Ministries \_\_\_\_\_ Youth Ministries \_\_\_\_\_ Other \_\_\_\_\_

*I/We pledge that the above information is answered correctly and to the best of my/our ability.*

\_\_\_\_\_  
Signature of Applicant (if 18 or over)

\_\_\_\_\_  
Signature of Parent/Guardian (1)

*if applicant is under 18*

\_\_\_\_\_  
Signature of Parent/Guardian (2)

**Important: see reverse to complete application. Failure to do so will result in your application being disqualified from consideration for scholarship funds.**

[illegible]

\_\_\_\_ Approved  
\_\_\_\_ Not Approved

Amt of Scholarship: \$ \_\_\_\_\_

Date: \_\_\_\_\_