

SCHOLARSHIP APPLICATION 2021

this application must be submitted by May 31 for full consideration

Please complete one application form per family



General Information:

Family Name: _____

Parent/Guardian Name(s): _____

Marital Status: _____

Home Phone: _____ Cell: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Has your family previously received a Going Vertical camp scholarship?

no yes, when: _____

Do you/your family attend Heights Church?

No Yes, for how long? _____

If no, do you attend elsewhere?

No Yes, where?: _____ for how long?: _____

Do you serve at Heights? No Yes, if so where? _____

Camper's Name: _____

Grade Entering for 2021/22 School Year: 1st 2nd 3rd 4th 5th 6th

Week(s) the Camper(s) / Student(s) would like to attend Camp:

Week 1 (June 7 - 10) Week 2 (June 14 - 17) Week 3 (June 21-24)

Week 4 (June 28 - July 1) Week 5 (July 12 - 15) Week 6 (July 19 - 22)

Camper's Name: _____

Grade Entering for 2021/22 School Year: 1st 2nd 3rd 4th 5th 6th

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Family Name: _____

Briefly state your reasons for seeking a financial scholarship: _____

Number of people in our household = _____

Name(s) and Age(s) of child(ren) living at home: _____

I certify that our household income for 2020 was:

\$0 - 20,000

\$21,000 - \$30,000

\$31,000 - 40,000

\$41,000 - 50,000

\$50,000 +

I am able to and will provide documentation upon request

Optional: Please describe any other circumstances that you want us to understand that might affect your family's ability to afford your student participating in Camp this year.

How did you hear about Going Vertical? _____

Please provide the following references:

	Name:	Phone Number:
Family Member:		
Friend (non-family)		

I certify and agree that the information provided is complete and accurate.

Signature

Date

Please email this completed form to: goingvertical@heightschurch.com