

SCHOLARSHIP APPLICATION 2023

***Applications will be accepted after May 31,
but should 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: _____

Email: _____ Phone: _____ Cell Home

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

Has your family received a camp scholarship (Going Vertical) in previous years?

No Yes, when: _____

Does 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 in what ministry? _____

#1 Camper's Name: _____

Grade entering 2023/24 School Year: 1st 2nd 3rd 4th 5th 6th

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Wk 1 > June 5 - June 8 | <input type="checkbox"/> Friday June 9 | <input type="checkbox"/> Off Week > July 3 thru July 7 - No Camp |
| <input type="checkbox"/> Wk 2 > June 12 - June 15 | <input type="checkbox"/> Friday June 16 | <input type="checkbox"/> Wk 5 > July 10 - July 13 <input type="checkbox"/> Friday July 14 |
| <input type="checkbox"/> Wk 3 > June 19 - June 22 | <input type="checkbox"/> Friday June 23 | <input type="checkbox"/> Wk 6 > July 17 - July 20 <input type="checkbox"/> Friday July 21 |
| <input type="checkbox"/> Wk 4 > June 26 - June 29 | <input type="checkbox"/> Friday June 30 | <input type="checkbox"/> Wk 7 > July 24 - July 27 <input type="checkbox"/> Friday July 28 |

#2 Camper's Name: _____

Grade entering 2023/24 School Year: 1st 2nd 3rd 4th 5th 6th

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Wk 1 > June 5 - June 8 | <input type="checkbox"/> Friday June 9 | <input type="checkbox"/> Off Week > July 3 thru July 7 - No Camp |
| <input type="checkbox"/> Wk 2 > June 12 - June 15 | <input type="checkbox"/> Friday June 16 | <input type="checkbox"/> Wk 5 > July 10 - July 13 <input type="checkbox"/> Friday July 14 |
| <input type="checkbox"/> Wk 3 > June 19 - June 22 | <input type="checkbox"/> Friday June 23 | <input type="checkbox"/> Wk 6 > July 17 - July 20 <input type="checkbox"/> Friday July 21 |
| <input type="checkbox"/> Wk 4 > June 26 - June 29 | <input type="checkbox"/> Friday June 30 | <input type="checkbox"/> Wk 7 > July 24 - July 27 <input type="checkbox"/> Friday July 28 |

#3 Camper's Name: _____

Grade entering 2023/24 School Year: 1st 2nd 3rd 4th 5th 6th

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Wk 1 > June 5 - June 8 | <input type="checkbox"/> Friday June 9 | <input type="checkbox"/> Off Week > July 3 thru July 7 - No Camp |
| <input type="checkbox"/> Wk 2 > June 12 - June 15 | <input type="checkbox"/> Friday June 16 | <input type="checkbox"/> Wk 5 > July 10 - July 13 <input type="checkbox"/> Friday July 14 |
| <input type="checkbox"/> Wk 3 > June 19 - June 22 | <input type="checkbox"/> Friday June 23 | <input type="checkbox"/> Wk 6 > July 17 - July 20 <input type="checkbox"/> Friday July 21 |
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SCHOLARSHIP APPLICATION - PAGE 2

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 2022 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 attending Camp this year.

How did you hear about Summit Camp at Park Collective?

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: summit@heightschurch.com