

LET'S GO



**FELLOWSHIP OF
CHRISTIAN
ATHLETES**

LET'S GO

CAMP SCHOLARSHIP APPLICATION

Camper Name _____ M F Age _____

Address _____ Birthdate ____/____/____

City _____ State _____ Zip _____

Phone _____ Email _____

School Name _____ Grade (Fall 2019) _____

Parent/Guardian Name _____

Phone _____ Email _____

Name of Camp _____ Date of Camp _____

Have you ever attended FCA Camp before? Yes No

If so, which Camp and when? _____

Briefly list your FCA involvement: _____

Why do you want to attend this FCA Camp and how did you hear about it?

Scholarship Amount Requested? \$ _____

Please mail scholarship application to:
NW INDIANA FCA | 853 EASTPORT CENTRE DRIVE, STE 200 | VALPARAISO, IN | 46383

Or, email it to:
Scott Staal, Director: sstaal@fca.org