

Shrine Mont Camps 2018: Scholarship Application

The diocesan camp program at Shrine Mont provides opportunities for children and youth to celebrate being a part of the family of God. The cost of camp should not keep any child from attending.

In order to provide scholarships to as many children as possible, it is our general policy that tuition is paid in partnership with the family, their parish or region and the Diocese of Virginia. A scholarship from the Diocese of Virginia typically provides 1/3 camp tuition, although extenuating circumstances will be evaluated on a case by case basis.

In order to facilitate this partnership, the first page of the form is to be filled out by the parent/guardian of the camper; the second page is to be filled out by the Rector or Priest-in-Charge or other referral person. **Please do not return this form before discussing with your parish or region their ability to provide financial support.**

We will begin reviewing scholarship applications on **May 8, 2018** IN THE ORDER IN WHICH THEY ARE RECEIVED. Funds are limited so please turn in your request as soon as possible.

Once completed, please upload this form to your registration account, email or mail this completed form to Shrine Mont Camps, 110 W. Franklin Street, Richmond, VA 23220.

Camper Name: _____ Gender: _____

Date of Birth: _____

Camp/Session Attending: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

e-Mail: _____ Parish: _____

NOTE: The following information will be held in strict confidence. In order for this application to be considered, all questions must be answered. Unfortunately incomplete applications will not be considered.

Cost of camp: \$ _____

Amount your parish will pay: \$ _____

Amount you are receiving from other sources: \$ _____

Amount you can provide for camp: \$ _____

AMOUNT YOU ARE REQUESTING FROM SHRINE MONT: \$ _____

Family gross income last year: \$ _____ per year

Camper lives with: Mother Father Both Other

Number of dependent children in family: _____ Ages: _____

Names of other children attending Shrine Mont Camps in 2018: _____

*You may expect to hear from us **after May 8**, when a majority of applications have been received.*

To the Rector/Priest-in-Charge or other referral person:

Please list in detail the main reasons this applicant should be considered.

Describe the child's home and neighborhood environment.

Please describe any difficulties the child or family has experienced, such as physical, mental, emotional or situational problems that might be helpful for our counselors to consider when dealing with this child.

Form completed by:

Name: _____

Church or Organization: _____

Phone: _____

Address: _____