



Dear Parent/Guardian,

We would like to thank you for your interest in Camp Jacob. Our program is dedicated to spreading the gospel of Jesus Christ and show His love to as many campers as possible while helping them navigate through a critical period in their lives. We whole-heartedly believe in this calling and the mission of this camp.

To be considered for the camper scholarship, you will need to fill out the Camper Scholarship Application form. We ask that you and your child take the time to fill out the necessary forms completely, and return them by the following dates:

- Junior Camp Scholarship: Due by June 22<sup>nd</sup>
- Teen Camp Scholarship: Due by June 29<sup>th</sup>
- VBS Day Camp Scholarship: Due by July 20<sup>th</sup>

Once we receive the application, we will review it and contact you as soon as possible. The scholarships will be awarded based on need and available funding. Scholarships will be applied to the registration fee only; it will not include snack shop or camp store.

We look forward to meeting you and providing the most memorable and life-changing summer for your child.

God Bless!

Dennis & Amanda Kennedy



# Camper Scholarship Application

This section is to be filled out by the **Parent/Guardian**

**CAMPER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**1<sup>ST</sup> PARENT/GUARDIAN:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**2<sup>ND</sup> PARENT/GUARDIAN:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ANNUAL INCOME OF HOUSEHOLD IN WHICH THE CAMPER RESIDES:** \$ \_\_\_\_\_ **PER YEAR**

**TOTAL NUMBER OF PEOPLE LIVING IN THE HOME IN WHICH THE CAMPER RESIDES:** \_\_\_\_ **CHILDREN** \_\_\_\_ **ADULTS**

**REGISTRATION: \$160 AMOUNT YOU CAN PAY:** \$ \_\_\_\_\_ **SCHOLARSHIP AMOUNT REQUESTED:** \$ \_\_\_\_\_

Please have the **Camper** answer the following questions.

Have you ever been to summer camp?	
If yes, what were your favorite things about camp?	Why do you want to come to Camp Jacob?
Name one <b>NEW</b> thing you want to try at Camp.	List 3 of your favorite activities.
If you could meet any person in the world, who would it be and why?	If you could go anywhere in the world, where would you go and why?



# Camper Scholarship Application

**References:** This section is to be filled out by someone outside of the family (pastor, coach, teacher, etc.).

**REFERENCE NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

**IN WHAT WAYS DOES THE APPLICANT CONTRIBUTE TO HIS/HER COMMUNITY, CHURCH, OR SCHOOL?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**WHY DO YOU THINK THE APPLICANT WOULD BENEFIT FROM ATTENDING SUMMER CAMP?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**PLEASE RETURN PAGES 2 & 3 TO CAMP JACOB**

**MAIL:** CAMP JACOB SCHOLARSHIP APPLICATIONS  
2723 CAMP JACOB RD.  
CLINTWOOD, VA 24228

OR

**EMAIL:** [dennis@campjacob.com](mailto:dennis@campjacob.com)