

# FCA CAMP SCHOLARSHIP REQUEST FORM

**Camper's Name:**

**Parent's Name:**

**Address:**

**Camper Phone:**

**Parent Phone:**

**School:**

**Grade:**

**1. What camps are you interested in attending? Main Sport?**

**2. What scholarship amount do you feel you need in order to attend camp?**

**What amount would you be able to pay toward camp if possible?**

**3. Have you attended a FCA Camp in the past?**

**Have you received an FCA scholarship before? If so, what year(s)?**

**4. Other Siblings and ages:**

**5. Do you have a FCA Huddle at your school? If so, are you actively involved?**

**Signature:**

**Email to [lmatera@fca.org](mailto:lmatera@fca.org)**

**Mail to: FCA Cape Atlantic PO Box 535 Ocean City, NJ 08226**

**Attn: FCA Camp**