

2017 FCA CAMP SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

School: _____

Incoming Grade: _____

1. Have you attended a FCA Camp in the past? Have you received an FCA scholarship before? If so, what year(s)?

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

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

Signature: _____

Date: _____

Please Complete and mail to local FCA office

NW Ohio FCA
2602 Nebraska Avenue
Toledo, Ohio 43607