

Delmarva Christian Service Camp Scholarship Request Form

This form must be completed and submitted to the DCSC Scholarship Committee by
April 15 to be considered for a scholarship.

E-mail form to: office@delmarvacsc.org

or Mail completed form to: Scholarship Request Committee

c/o Rich Paris

143 Turner Dr.

Dover DE 19904

Name/Names _____

Address _____

Contact Numbers _____

Week Scholarship Requested (only one scholarship available per camper per year)

If form is form more than one camper, write name next to week attending

___ MMAD 8-12 grade ___ High School 9-12 grade ___ Jr. High 7-8 grade

___ Junior 5-6 grade ___ Beginner 3-4 grade ___ First Timers 1-2 grade

Reason requesting scholarship; _____

I can pay \$ _____ towards my camp tuition.

Only genuine financial need please apply due to limited funding.

Church Congregation _____

Do not write below this line

Date received by committee _____

Committee decision ___ Approved

Denied & reason _____

Camper notified on _____