

SCHOLARSHIP REQUEST FORM

Print, complete and return to:

Camp Tekoa

PO Box 1793

Flat Rock, NC 28731

Or Email to mcoates@camptekoa.org

Or Fax to 828-697-3288

Camper's Full Name _____

Custodial Parent/Guardian Name(s) _____

Home Address _____ City _____ State _____

Church or Sponsoring Organization _____

Minister/Sponsoring Organization Representative _____

Why do you feel attending Camp Tekoa will be beneficial to your child?

Statement of Financial Need

Name and cost of camp your child wishes to attend _____ Cost \$ _____

How much can the family pay? \$ _____

Scholarship from church? \$ _____ Name of church _____

Scholarship request from Camp Tekoa \$ _____

Signature of Custodial Parent/Guardian _____

Your phone number _____, your email address _____

***Initial \$150 non-refundable/non-transferable deposit must be paid when you register online.*

Acceptance Policy: Persons are accepted without discrimination on the basis of race, color, sex, age, religion or national origin.

Office use only. Scholarship awarded \$ _____ code _____