

Scholarship Request Form

Return to:
Camp Tekoa
PO Box 1793
Flat Rock, NC 28731 or fax: 828 697 3288
Or to mcoates@camptekoa.org

This form must be signed by custodial parent/guardian AND Minister/sponsoring agency representative.

Camper's Full Name: _____

Event Attending: _____ Date Attending: _____

Parent Name(s): _____

Home Address: _____

City _____ State _____ Zip _____

Church or Sponsoring Agency: _____

Minister/Sponsoring Agency Representative: _____

Statement of financial need: _____

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

Phone number where you can be reached: _____

Email Address: _____

Signature of Custodial Parent/Guardian: _____

Signature of Minister or Sponsoring Agency Representative: _____

Please complete prior to submitting form: Family will pay? _____

Church will pay? _____ Scholarship Amount Requested? _____

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

Office use only: Scholarship Rewarded: _____

Acceptance Policy: Persons are accepted without discrimination on the basis of race, color, sex, age, religion or national origin. All campers are expected to be ambulatory and able to feed, clothe, and bathe themselves. Facilities are rustic: terrain and programs are rugged.