

# 2013 Scholarship Application

Complete applications may be mailed to:  
 Impact 2818  
 Attn: Camp Scholarships  
 301 Pennsylvania Parkway, Suite 300  
 Indianapolis, IN 46280



## Instructions:

- This form must be completed by a camper's parent or guardian. Please print clearly and fill out the entire form.
- A copy of your most recent IRS 1040 Individual Income Tax Return is required. Either 2011 or 2012's form will be accepted until April 15<sup>th</sup>. After that date, 2012's will be required. Only the first page is needed (no worksheets).
- Applications received without a copy of the 1040 or that are not completely filled out will be returned to sender without being processed.
- Please allow up to 3 weeks for processing.

Camper Name	Grade in the fall? (2013-2014 school year)	Event Code*

Is your camper attending **That Thing** at Epworth Forest?      Yes      No  
 If yes, will they be staying in Campus Housing OR in a group lodge rented by the church they are attending with?     Campus Housing     Group Lodge

\*The camp you want to go to this summer - **ex. R1041 for Rivervale, July 10-12.**

## Request Information:

How much is your family able to contribute, per child, towards the camp fee? \$ \_\_\_\_\_  
 How much support will you be receiving, per child, from other sources (e.g. your church, etc.)? \$ \_\_\_\_\_  
 Source: \_\_\_\_\_  
 What amount of scholarship funds are you requesting, per camper, from Impact 2818? \$ \_\_\_\_\_

## Family Information:

Please list only individuals living in the same household as the camper(s).

Address: \_\_\_\_\_ Phone #: C H W ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Church: \_\_\_\_\_  
 # of family members living in the house: \_\_\_\_\_ # of family members attending camp this summer: \_\_\_\_\_  
 Parent/guardian's name: \_\_\_\_\_  
     Work title/position: \_\_\_\_\_ Annual salary/wage: \$ \_\_\_\_\_  
 Parent/guardian's name: \_\_\_\_\_  
     Work title/position: \_\_\_\_\_ Annual salary/wage: \$ \_\_\_\_\_

Does your family currently receive federal or state assistance?  
 (food stamps, free or reduced lunch program, subsidized housing, etc.)      Yes      No

Please provide any additional information we should consider in making a decision: \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare that the information provided above is true to the best of my knowledge and belief.

Signature of parent/guardian completing this form: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
Amount awarded: \$ _____
Code: _____
Date award mailed: _____
Authorized by: _____