

Knox Adventure Camps

Scholarship Application Form 2008

Scholarship Funds are made possible through the generous donations from members and friends of Knox Church, in effort to provide opportunities for children of our community to attend Knox Day and/or Overnight Camps.

PARENT/GUARDIAN INFORMATION

Name _____ Email _____
First Last

Address _____
Apt.# Number Street City Province Postal Code

Phone Home # (_____) _____ Cell # (_____) _____ Work # (_____) _____

CHILDREN'S NAMES & CAMP DATES

- 1) Name of Child _____ Age _____
 Camp Interested in? (Check) Knox Adventure Day Camp _____ # of wks _____
 Knox Overnight Camp (6-16 yrs) Aug 17-23 _____
- 2) Name of Child _____ Age _____
 Camp Interested in? (Check) Knox Adventure Day Camp _____ # of wks _____
 Knox Overnight Camp (6-16 yrs) Aug 17-23 _____
- 3) Name of Child _____ Age _____
 Camp Interested in? (Check) Knox Adventure Day Camp _____ # of wks _____
 Knox Overnight Camp (6-16 yrs) Aug 17-23 _____
- 4) Name of Child _____ Age _____
 Camp Interested in? (Check) Knox Adventure Day Camp _____ # of wks _____
 Knox Overnight Camp (6-16 yrs) Aug 17-23 _____

Please explain why a Knox Camps' scholarship can be of particular assistance to you at this time.

Is your family currently affiliated with another church? _____
 If so, have you asked them for financial assistance? _____
 If not, we encourage you to consider this alternative because of your present and ongoing relationship there)

How much can you afford to pay per child \$ _____ /wk, and how much assistance do you need to receive per child \$ _____ /wk.?

Applicants Signature _____ **Date** _____
Signature Month / Day / Year

Any questions, please contact:
 Sara Locke (Knox Camp Director) at (416.921.8996) or knoxcamps@knoxtoronto.org.

Please send this form to:
 Knox Presbyterian Church, Att'n Sara Locke (Knox Camp Director) 630 Spadina Ave, Toronto, ON M5S 2H4
 or Fax (416.921.5918)

We look forward to seeing you and your family at Knox Camps this summer!