

# Scholarship Request Form - 2011 Program Season



**Instructions: This form must be completed by camper's parent/guardian. Please print clearly.**

Please completely fill out this form, attach a copy of the previous year's IRS 1040 Individual Income Tax Return (no schedules or worksheets) and mail to Impact 2818 OM Scholarships, C/O IN UMC, 301 N. Pennsylvania Pkwy, Suite 300, Indianapolis, IN 46280.

Applications received without a copy of a 1040 or not completely filled out will be returned.

## Camper Information

EVENT CODE refers to the camp - one letter and 4 numbers; for example: A4011

Camper Name 1: \_\_\_\_\_ Age: \_\_\_\_\_ Event Code: \_\_\_\_\_  
Camper Name 2: \_\_\_\_\_ Age: \_\_\_\_\_ Event Code: \_\_\_\_\_  
Camper Name 3: \_\_\_\_\_ Age: \_\_\_\_\_ Event Code: \_\_\_\_\_  
Camper Name 4: \_\_\_\_\_ Age: \_\_\_\_\_ Event Code: \_\_\_\_\_  
Camper Name 5: \_\_\_\_\_ Age: \_\_\_\_\_ Event Code: \_\_\_\_\_

Note: If any camp listed above is a *That Thing* camp (E5021, E5031, E5041), please check one of the following:

Staying with church in a Group Lodge.  Staying at the Campus House.

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How much is your family able to contribute towards the camp fee? \$ \_\_\_\_\_ Amount requesting? \$ \_\_\_\_\_

Church Name: \_\_\_\_\_

What other camp scholarships have you received such as church or district? Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

## Family Information

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

Name of Parent / Guardian: \_\_\_\_\_ Name of Parent / Guardian: \_\_\_\_\_

Contact e-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# of family members living in the house: \_\_\_\_\_ # of family members attending camp this summer: \_\_\_\_\_

## Payment & Release Info

To be completed by custodial parents

Parent/Guardian work title/position: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Parent/Guardian work title/position: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

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

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: \_\_\_\_\_

Print name of signature above: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL THIS FORM WITH 1040 (copy) TO:  
Indiana UMC Conference Center  
301 N. Pennsylvania Pkwy, Suite 300  
Indianapolis, IN 46280**

<b>Office Use Only</b>	
Amount: _____	Type: _____
Date: _____	Authorized: _____