

**CLARE UNITED METHODIST CHURCH  
KAREN GLOSS CHURCH CAMP ENDOWMENT FUND 2026  
CHURCH CAMP SCHOLARSHIP APPLICATION**

**APPLICATION INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **GENDER: MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

**GRADE COMPLETED (JUNE 2026)** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **AS OF JUNE 1, 2026**

**WHERE DO YOU ATTEND CHURCH:** \_\_\_\_\_ **NUMBER OF YEARS ATTENDED:** \_\_\_\_\_

**HAVE YOU ATTENDED CHURCH CAMP PREVIOUSLY? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NUMBER OF YEARS:** \_\_\_\_\_

**HOW/FROM WHO DID YOU LEARN ABOUT CHURCH CAMP?** \_\_\_\_\_

**WHICH CHURCH CAMP DO YOU WANT TO ATTEND?** \_\_\_\_\_

(NOTE THAT THE 1<sup>ST</sup> PRIORITY IS TO AWARD SCHOLARSHIP TO ATTEND CAMP ALBRIGHT

**SCHOLARSHIP REQUESTED\$** \_\_\_\_\_

**IN YOUR OWN WORDS WHY DO YOU WANT TO ATTND CHURCH CAMP?  
(TO BE COMPLETED BY THE SCHOLARSHIP APPLICANT – CONTINUE ON  
BACK IF NEEDED)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PARENT/GUARDIAN'S INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

STREET NUMBER AND NAME

CITY

STATE

ZIP CODE

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**SCHOLARSHIP COMMITTEE USE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP APPLICATIONS MUST BE SUBMITTED TO THE CHURCH OFFICE NO LATER THAN JUNE 1, 2026**