FELLOWSHIP OF CHRISTIAN ATHLETES
STUDENT/ATHLETE CAMP SCHOLARSHIP APPLICATION - 2026

(Please Print Clearly)

NAME: _____, _____ SEX: M_____ F_____
(LAST) (FIRST)

STREET ADDRESS: _____ CITY/STATE/ZIP:_____

EMAIL ADDRESS _____ ADULT T-SHIRT SIZE _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE:_____ CELL PHONE: _____

CURRENT SCHOOL: _____ BIRTHDATE: _____

SCHOOL YOU WILL ATTEND IN AUGUST:_____

GRADE YOU WILL BE IN THIS FALL: _____ HUDDLE COACH: _____

HOW MUCH MONEY WILL YOU PERSONALLY PAY TOWARDS CAMP? _____

HAVE YOU EVER ATTENDED AN FCA SUMMER CAMP? YES _____ NO _____

IF YES, WHEN AND WHERE? _____

ARE YOU CURRENTLY INVOLVED IN YOUR SCHOOL'S FCA HUDDLE? YES _____ NO _____

IF SO, HOW? _____

NAME AND DATE OF CAMP YOU WISH TO ATTEND: _____

WHY DO YOU WANT TO ATTEND AN FCA SUMMER CAMP? _____

_____

PLEASE GIVE DETAILS ABOUT YOUR FAMILY'S FINANCIAL SITUATION, SO THAT SCHOLARSHIPS ARE GIVEN TO THOSE MOST IN NEED OF HELP.

_____

_____

Scholarship Award – You will be notified regarding your scholarship; if you have not been contacted by the first week in May, please contact us. Please make sure the **email address you listed on the scholarship application is one that you check often.**

For Links to Online Camp Registration visit: https://fcaofcc.org/camp-2026

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