

STUDENT/ATHLETE APPLICATION

2026 FCA Camps Scholarship Application Form

Please print legibly and complete all fields in detail

I AM A: ☐ **COACH** ☐ **STUDENT**

Name: _____ Gender: M F
(Last) (First)

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian E-Mail: _____

Name of school camper will attend in the fall: _____

Grade (September): _____ Year of Graduation: _____

Birth Date:

First Camp Choice: _____ Camp Dates: _____

Second Camp Choice: _____ Camp Dates: _____

FCA Staff Member Contact: _____

Scholarship Amount Requested \$ _____

How much money can you personally pay toward camp? \$ _____

FCA camps previously attended _____

Have you received an FCA Scholarship before? Yes No Amount: \$_____

Is this a dual income home? _____ Single parent home? _____

Total number of children in home: _____

Parents combined 2024 gross income (check one)

- | | |
|----------------------|----------------------|
| _____ Under \$20,000 | _____ \$50 – 75,000 |
| _____ \$20 – 35,000 | _____ \$75 – 100,000 |
| _____ \$35 – 50,000 | _____ \$100,000+ |

MUST be answered BY THE CAMPER: Why do you want to attend an FCA Camp this summer?

Camper’s Signature: _____ Date: _____

Parent/Guardian’s comments regarding camper’s interest in attending an FCA Camp and request for camp scholarship funds:

Parent/Guardian Signature: _____ Date: _____

****If awarded a camp scholarship of any amount, the following will be expected by the camp attendee and his/her respective family/guardians:**

Post-Camp:

- Within two weeks of camp completion, the following deliverables must be submitted to NE Florida FCA:
 - **Camper** - Handwritten thank you note addressed to camp scholarship sponsors that includes:
 - What camp camper attended
 - What camper enjoyed most about camp
 - The impact camp made on camper's life
 - Thank you to sponsor for making camp experience possible
 - **Camper** - Digital photo of camper during camp
 - **Camper** - 30-60 second video including:
 - Camper's first name
 - What camp camper attended
 - What camper enjoyed most about camp
 - The impact camp made on camper's life
 - Thank you to sponsor for making experience possible
 - **Parent/Guardian** – Note to FCA and/or Scholarship Sponsors including:
 - Thank you for making camp experience possible for child
 - Impact they observed the camp had on their child
- The week of camp completion, the camper and parent will be emailed a NE Florida FCA Camp Experience Evaluation Form. The camper and parent/guardian must complete this evaluation form within two weeks of receiving and send back to NE Florida FCA.

→ **I have read and agree to the pre & post-camp expectations.**

Initials _____



“My Father is glorified by this: that you produce much fruit and prove to be my disciples.”