



FELLOWSHIP OF
CHRISTIAN ATHLETES
MINNESOTA

2024 FCA Camps - Scholarship Application Form

Please print legibly and complete all fields in detail

Camper Name: _____ Gender: M F

(Last)

(First)

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of school camper will attend in the fall: _____

Grade (September): _____ Year of Graduation: _____ Birth Date: _____

Camp Choice: _____ Camp Dates: _____

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: \$ _____

Briefly share why you are requesting a scholarship? _____

Parent/Guardian Signature: _____ Date: _____

If granted a scholarship for an FCA Camp, the remaining camp registration balance is due before the sign-up deadline date of the particular camp you wish to attend.

PLEASE NOTE— To make our camps available to as many students as possible, FCA may provide limited scholarship help to those who have a legitimate need. The limited funds available will be awarded based upon the applicant's need and in the order of the request. Scholarship assistance should also be sought from your local community/church and your local area FCA (if applicable).

THIS IS NOT A CAMP ENROLLMENT FORM—Your scholarship application must be submitted with your camp enrollment confirmation. To enroll for camp, visit <http://www.minnesotafca.org> and select your camp from the drop-down menu.

Please complete and return your scholarship application to [your local FCA staff](#).

