

# Delmarva Christian Service Camp Scholarship Request Form

This form must be completed and submitted to the DCSC Scholarship Committee by **April 15** to be considered for a scholarship.

E-mail form to: managerdcsc@gmail.com  
or Mail completed form to: Scholarship Request Committee  
c/o Rich Paris  
143 Turner Dr.  
Dover DE 19904

Camper Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

**Week Scholarship Requested** (only one scholarship available per camper per year)

If form is for more than one camper, write name next to week attending

\_\_\_ MAD 8-12 grade    \_\_\_ High School 9-12 grade    \_\_\_ Jr. High 7-8 grade

\_\_\_ Junior 5-6 grade    \_\_\_ Beginner 3-4 grade    \_\_\_ First Timers 1-2 grade

Reason requesting scholarship; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I can pay \$ \_\_\_\_\_ towards my camp tuition.

Only genuine financial need please apply due to limited funding.

Church Congregation \_\_\_\_\_

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**Do not write below this line**

Date received by committee \_\_\_\_\_

Committee decision \_\_\_ Approved

Denied & reason \_\_\_\_\_

Camper notified on \_\_\_\_\_