

FCA Ultimate Sports Camp SCHOLARSHIP REQUEST FORM

Please complete and return/mail to: FCA, P.O. Box 731302, Ormond Beach, FL 32173

DUE in the Volusia/Flagler FCA office by July 5th

(Please Print in Blue or Black ink)

Student's name: _____ Gender: M F Birthdate: ____/____/____

School: _____ Grade Level for next year _____ T-shirt size: _____

Parent/Guardian's name: _____ Cell phone: (____) _____

Address _____ City _____ Zip _____

Email: _____ 2nd Phone _____

Are you actively involved with the FCA Huddle at your school? _____ How long? _____

Church you attend: _____ Are you an FCA officer? _____

SCHOLARSHIP AMOUNT YOU ARE REQUESTING? \$ _____ * Please fill out student comments on back**

Please note: In order for us to receive camp scholarship funds, we are sometimes asked questions about the family income and other background information of the students who are requesting the scholarships. Providing the information below will enable us to answer the questions of our supporters.

List FCA camps you have attended in the past. _____ List year(s): _____

Have you received an FCA scholarship before? _____ How much? _____

Parents combined gross income for last year: (Please check appropriate space)

___ Under \$20,000 ___ \$20-\$35,000 ___ \$35-\$50,000 ___ \$50-\$75,000 ___ Above \$75,000

Is this a single parent home? _____

Is this a dual income home? _____

of children in the home? _____

of children in college? _____

Students Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Please provide Parent/Guardian comments on back.



FELLOWSHIP OF CHRISTIAN ATHLETES
FCA, P.O. Box 731302, Ormond Beach, FL 32173
(386) 589-8501

E-mail: kboyce@fca.org

Local Web Sites: <http://www.volusiaflaglerfca.org>

National Web-site: <http://www.fca.org>

