



Camp Manna Ministries, Inc.

2025 Scholarship Request Form

"Cathy's Kids Scholarship Fund"



Parent/Guardian Information:

Mother/Guardian Name: _____

Contact Info: Phone# _____ Email _____

Father/Guardian Name: _____

Contact Info: Phone# _____ Email _____

Student Information:

Student #1 Name: _____ Age: _____ Grade Entering 2025 _____

Student #2 Name: _____ Age: _____ Grade Entering 2025 _____

Student #3 Name: _____ Age: _____ Grade Entering 2025 _____

Address: _____ City, State, Zip: _____

Camper(s) lives with: Both Parents Father Mother Other _____

First time campers at Camp Manna? yes no School child attends _____

Does your child or children have any health or behavioral problems? _____

Is your child on any daily medications (please list) _____

Will your child need to ride the bus yes no (we offer two pick up sites, Mocksville Library / Advance Shopping Center)

Financial Information:

Total **YEARLY** income prior to taxes is: Mother/Guardian \$ _____ Father/Guardian \$ _____

Other income (monthly) you receive for child (welfare, child support, social security): _____

Please check a week that would be best for your child to attend

wk 1-June 16-20

wk 5-July 21-25

wk 2-June 23-27

wk 6-July 28-Aug 1

wk 3-July 7-11

wk 7- Aug 4-8

wk 4-July 14-18

*closed week of June 30-July 4th

** Full Summer Scholarships are awarded as a *REDUCED PAYMENT* type scholarship.

*** Please note, this is only a REQUEST form. We cannot guarantee your child will receive any scholarship money. Our staff will evaluate your form and notify you of our decision. Other financial documentation may be requested. Thank you! Providing a W-2 or other documentation of yearly income will help ensure you receive the MOST scholarship money available!

I affirm that the above information to be correct and agree to provide further financial information if requested.

Signature

Date: _____