



Camp Sawtooth

Camper Scholarship Application-2010

PERSONAL INFORMATION (Please Print Clearly)

Name _____ Camp Attending _____

Current Mailing Address _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

TO APPLY FOR A SCHOLARSHIP

The goal at Camp Sawtooth is that every youth who wants to attend camp is given the opportunity.

Camp Sawtooth does not set a limit on the scholarship amount given, but requests that each camper pay some amount towards their registration fee, if possible. The amount requested is left up to the discretion of the applicant and their Pastor. The Scholarship application must be submitted with the Pastor's signature.

1. Complete and attach a Registration Form or indicate if one has already been submitted – Yes _____;
2. Camper pays some amount towards their registration fee, if possible;
3. Seek financial help through their local church scholarship process (if available); and
4. Request the remaining amount needed from Camp Sawtooth.

Camper Amount Paid \$ _____

Church Scholarship Amount \$ _____

Camp Sawtooth Scholarship Amount Requested \$ _____

Church Name _____

Pastor's Signature: _____ Church Phone _____

Signature of Parent/Guardian

Date

Please mail or email completed application to:

directorscampsawtooth@yahoo.com

Before May 15th

Camp Sawtooth Directors
PO Box 445
Homedale, ID 83628
(208) 337-3364

After May 15th

Camp Sawtooth
HC 64 Box 8290
Ketchum, ID 83340
(208) 726-1155

Scholarship Forms can be downloaded at: www.campsawtooth.org/forms