

# Request for Financial Assistance for Camp Koinonia

Must be completed in entirety. Requests processed in 3-4 business days. If approved, you will receive a scholarship coupon code via email so you can complete registration. Mail to: Belton Church of Christ, ATTN: Camp Koinonia, 3003 N. Main Street, Belton, TX 76513

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Home Church: \_\_\_\_\_

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

How did you hear about Camp K?  Website  Flyer  Friend – Who? \_\_\_\_\_  Other \_\_\_\_\_

Camper Name	Grade entering into this fall	Camp Session
		<input type="checkbox"/> Jr. Week (Entering 5 <sup>th</sup> -8 <sup>th</sup> ) <input type="checkbox"/> Sr. Week (Entering 9 <sup>th</sup> -Graduate)
		<input type="checkbox"/> Jr. Week (Entering 5 <sup>th</sup> -8 <sup>th</sup> ) <input type="checkbox"/> Sr. Week (Entering 9 <sup>th</sup> -Graduate)
		<input type="checkbox"/> Jr. Week (Entering 5 <sup>th</sup> -8 <sup>th</sup> ) <input type="checkbox"/> Sr. Week (Entering 9 <sup>th</sup> -Graduate)

We understand that it's sometimes difficult to pay the full amount of the camper fee. Our goal for the Scholarship Fund is to provide an appropriate level of financial assistance for as many campers as we can. Please keep this in mind and help us by indicating below how to best meet your camper's financial NEED in order to attend. We cannot guarantee that the scholarship fund will be able to meet the need of every camper, but we will do the best we can with our limited amount of funds. By filling out this request form, you help us ensure we give scholarships to as many campers as possible.

Please indicate how best to meet your camper's financial need below. We do ask that you pay, at minimum, the \$30 deposit per camper if at all possible. Installment payments are accepted.

Registration for 2024 is \$245/camper. I can pay \$\_\_\_\_\_ and need assistance for the remaining \$\_\_\_\_\_.

**(Camper 1)** Tell us why you want to attend Camp Koinonia this summer:

*(Additional campers, please use the backside of this form)*

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**(Parent/Guardian)** Please briefly explain the reason for your request:

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**  
 Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Amount Awarded: \$\_\_\_\_\_