

## **2017 FCA CAMP SCHOLARSHIP REQUEST FORM**

**Camper's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**1. What camps are you interested in attending? Main Sport?**

**2. What scholarship amount do you feel you need in order to attend camp?**

**3. Have you attended a FCA Camp in the past? Have you received an FCA scholarship before? If so, what year(s)?**

**4. Parents combined gross income for previous year: (Please check appropriate box)**

Under \$20,000

\$35-50,000

Above & 75,000

\$20-35,000

\$50-75,000

**5. Other Siblings and ages:**

**6. Do you have a FCA Huddle at your school? If so, are you actively involved?**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Complete and mail to local FCA office**

**Attn: FCA Camp**

**FCA  
1601 E. 69<sup>th</sup> St. #301  
Sioux Falls, SD 57108**