

2015 Scholarship Application

Complete applications may be mailed to:
 Impact 2818
 Attn: Camp Scholarships
 301 Pennsylvania Parkway, Suite 300
 Indianapolis, IN 46280



Instructions:

- This form must be completed by a camper's parent or guardian. Please print clearly and fill out the entire form.
- A copy of your most recent IRS 1040 Individual Income Tax Return is required. Either 2013 or 2014's form will be accepted until April 15, 2015. After that date, 2014's will be required. Only the first page is needed (no worksheets).
- Applications received without a copy of the 1040, or that are not completely filled out will be returned to sender without being processed.
- Please allow up to 3 weeks for processing.

Camper Name	Grade in the fall? (2015-2016 school year)	Event Code*

Is your camper attending That Thing at Epworth Forest? Yes No
 If yes, will they be using an Individual Ticket OR staying in a group lodge rented by the church they are attending with? Individual Ticket Group Lodge *The camp you want to go to this summer - **ex. L3041** for Camp Lakewood June 14-19

Request Information:

We ask that, if able, each family, or their church, contribute a portion to their camper's experience. This helps to ensure our scholarship fund can help as many campers as possible each season. Thank you!

Amount your family is able to contribute, per child, towards the camp fee? \$ _____
 Amount of support that will be contributed, per child, from church/other sources? \$ _____ Source: _____
 Amount of scholarship funds are you requesting, per camper, from Impact 2818? \$ _____

Family Information:

Please list only individuals living in the same household as the camper(s).

Address: _____ Phone #: C H W (_____) _____ - _____

City: _____ State: _____ Zip: _____ Email address: _____

Church: _____

of family members living in the house: _____ # of family members attending camp this summer: _____

Parent/guardian's name: _____

Work title/position: _____ Annual salary/wage: \$ _____

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Does your family currently receive federal or state assistance?
 (food stamps, free or reduced lunch program, subsidized housing, etc.) Yes No

Please provide any additional information we should consider in making a decision: _____

I hereby declare that the information provided above is true to the best of my knowledge and belief.

Signature of parent/guardian completing this form: _____

Printed name: _____ Date: _____

Office Use Only
Amount awarded: _____
Code: _____
Date award mailed: _____
Authorized by: _____