



SCHOLARSHIP APPLICATION

Financial assistance form

Thank you for your interest in the BLAST Summer Camp Scholarship program! Please complete the following form to apply for financial assistance.

Important: Scholarships are limited and awarded based on need and availability of funds.

Applicant Information

Child's Full Name:

Child's Age:

Parent/Guardian's Full Name:

Address:

Phone Number:

Email Address:

Camp Attendance

Please indicate the number of weeks your child will attend summer camp. The cost is \$170 per week or \$40 per day.

Number of Weeks Attending: _____

Number of Days Attending: _____

Total Cost of Attendance: _____

Please clarify whether the funds are being requested for:

- Childcare coverage during work hours
- Summer recreational experience

Scholarship Tier Request

Please select the scholarship tier you are requesting. Note that scholarships are awarded based on demonstrated need and available funds.

- Tier 1: 10% Scholarship _____
- Tier 2: 25% Scholarship _____
- Tier 3: 50% Scholarship _____

Church Assistance

We request applicants first seek financial assistance from their church. Have your pastor complete the section below. If you do not have church home, please call the 1C office at 402-835-5511 to set up an appointment to speak with a pastor here at 1C.

Church Name:

Church Address:

Pastor's Name:

Pastor's Phone Number:

Pastor's Email Address:

Pastor's Signature:

Home Church Funds Available? Yes No

If funding is not available through your church, please include a letter of recommendation.

Agreement

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of the scholarship.

Signature of Parent/Guardian:

Date:

Submission

Please submit the completed application form and any supporting documents to 1C|The Sanctuary or email them to brittany.sempek@1cchurch.com

Application Deadline: May 1st