



Camp Capers Scholarship Application

A typical Camp Capers scholarship is an agreement between the camper family or retreat participant, their local Episcopal church, and the Diocese/Camp Capers to each pay for **1/3 of the session registration fee.**



It is the family's responsibility to **register** for the session first, **complete** the Family Portion below, **ask** your priest to approve and sign for the church portion, and then **send** this form to Camp Capers:

by fax: (830) 995-2393,

by email: camp.capers@dwtx.org, or

by mail: Camp Capers; Attn: Scholarship Application; PO Box 9; Waring, TX 78074.

If you have questions, contact the Camp Capers Office Manager, (camp.capers@dwtx.org; 830-995-3966) or Camps & Conferences Director, Rob Watson (rob.watson@dwtx.org).

Family Portion:

Camper Name: _____ Session Attending: _____

Parent/Guardian Name: _____ Email Address: _____

Home Address: _____ Parent Phone Number: _____

I hereby certify that the above information is true and accurate the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.

Parent/Guardian Signature: _____ (Date) _____

Scholarship Amount requested if you are not asking your church: _____

Church Portion: *required if you are asking your church to supply a portion of the scholarship.*

Church Name: _____ (City) _____

Priest's Name: _____ Email Address: _____

Phone Number: _____ Church Scholarship Amount: _____

I hereby certify that the above information is true and accurate the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.

Priest Signature: _____ (Date) _____

Office Use Only: please do not write below this line _____ *Date Received:* _____

Priest Signature: [] Church Portion Received: [] Date: _____ Church Portion Applied: []

DWTX Amount Requested: _____ Approved: Yes [] No [] Initials: _____ Date: _____

Applied To Camper Registration: [] Date: _____ Family Notified: [] Paid In Full: [] Date: _____