



2372 30th Ave, Osceola WI, 54020
 Phone:800-294-2877 e-mail: the_arc@centurytel.net

**Pastor Phil Featherstone Memorial
 ARC Camp Scholarship Application Form**

(This form is due at the ARC Office 30 days prior to the start of camp)

Name of Applicants: _____

If Family, names and ages of children: _____

Parent or Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Camp Information

Name of Camp (see approved camps) _____

Dates Attending _____

Cost Per Week/ week-end _____

The scholarship program **ONLY** pays a maximum of one-half the cost for up to one week (up to \$300) at an ARC approved camp.(see brochure). Scholarships will be paid directly to the designated camp prior to the applicant's attendance. Parents will be notified of this payment in writing or e-mail by The ARC. The remaining cost of camp is due prior to the first day of camp. If the child or family does not attend the camp, parents are responsible to insure that The ARC is notified prior to the start of camp.

Ministry Leader's Affirmation: I have reviewed this application and affirm that the applicant has met the requirements for financial and spiritual need.

Ministry Leader's Signature: _____ Printed name: _____

Church name: _____ phone: _____ e-mail _____

Amount of church or other scholarship \$ _____

*Return this completed form to the ARC
 no less than 30 days prior to the camp listed
 2372 30th Ave.
 Osceola, WI 54020
 Email: the_arc@centurytel.net Fax: 715-294-2398*

Office use only

Recommended Scholarship Amount: _____

Signature of ARC Representative: _____ Date: _____