

Placerville Camp & Retreat Center
13801 W. Hwy 44
Rapid City, SD 57702
Camp Scholarship Request
Applications must be received by April 15.

Name of Camper/Applicant: _____

Age: _____ Address: _____

Name of Legal Guardian: _____

Home Phone: _____ Email: _____

Name and address of home church: _____

Please make check marks where appropriate. Participation @ local church:

_____ No participation _____ Sunday School participation _____ Confirmation class

_____ Confirmed member _____ Youth Group _____ Friend of church member

Name of camp program attending: _____

Cost of camp attending: _____ Amount to be paid by local church: _____

Amount of family contribution: _____ Amount requested by Conference: _____

Reason for camper scholarship request (**required**)

Signatures:

Camper: _____

Guardian: _____

Pastor: _____

For internal use only:

Date received: _____ Approval: _____ Approval Amount: _____

Date of notification letter sent: _____