

Request for Scholarship Assistance

River of Life
1145 Route 14/P.O. Box 68
Irasburg, VT 05845
(802) 754-9600

Name of Child _____ Age _____

3 Required Steps for Each Applicant

1. Completely read the enclosed letter.
2. Fill out this form for each camper applying.
3. Mail this request to River of Life.

Name of Parent or Guardian _____

Address _____

City, State & Zip Code _____

Home Phone _____

Work Phone _____

Church _____

Pastor _____ Church Phone _____

A. Portion of camper fee you can contribute for this applicant: \$ _____
Signature of Parent or Guardian _____

B. Portion of camper fee that your Church is willing to contribute: \$ _____
Signature of Pastor _____

C. What is your approximate monthly income? \$ _____

D. What family obligations are met through the above income? (i.e. # of children supported, regular payments, etc.)

E. Are there any special circumstances that we should be aware of in evaluating your request?

F. What week of camp are you applying for? _____

For Office Use

Date Received _____ Date Confirmed _____

Contributions: Parent _____ Church _____ River of Life _____