

### **Camp Scholarship Application**

2024 CCS Youth Summer Camp Oxford Emory College 600 Haygood Ave Oxford, GA 30054 July 7-13, 2024

Camper	Inform	ation:

Name (First and Last):

DOB: Age: Gender:

# **Parent/Guardian Information:**

Name (First and Last): Relationship to Camper:

Phone Number: Email Address:

## **Essay Questions:**

1. Why do you want to attend this camp? (200-300 words)

2. How do you believe attending this camp will benefit you personally and/or academically? (200-300 words)

3. Please describe any financial need you have that would make attending this camp challenging without financial assistance. (200-300 words)

4. Please share any extracurricular activities, community service, or achievements that you feel are relevant to this scholarship application. (200-300 words)

# **Financial Information:**

**Annual Household Income:** 

Number of Dependents:

Any additional financial information or circumstances you would like us to consider:

## **References:**

Please provide the names and contact information of two references who can speak to your character, academic performance, and/or extracurricular involvement:

#### 1. Name:

Relationship to Applicant:

**Phone Number:** 

**Email Address:** 

#### 2. Name:

Relationship to Applicant:

**Phone Number:** 

**Email Address:** 

# **Certification:**

I certify that all information provided in this application is true and accurate to the best of my knowledge.

**Applicant Signature:** 

Date:

CCS Youth Summer Camp reserves the right to modify,, suspend or discontinue any and all of the plans, practices, policies and programs Without prior notice. https://atlantaccs.org