Pilots for Christ Michigan

“Aviation Boot Camp” Scholarship Request Form

Mail with registration form and $20 deposit to: Aviation Boot Camp, 7746 W 60th Fremont MI 49412 \* 616-884-6241

• “Aviation Camp” scholarships are intended to help those who might be financially excluded from attending camp. The funds are limited so each request is reviewed individually and is up to the discretion of the Boot Camp Director.

•We ask that you first check with your local church to see if they would assist in providing for this financial need.

•If we are not able to provide the Scholarship Amount you have requested, we will notify you promptly in order to determine what may need to be done in order for your Child to attend “Aviation Camp” this year.

•If scholarship is granted, you will receive a confirmation packet within a week.

•Please send in your “Aviation Camp” Registration and Health Forms along with this Scholarship Request Form to: •“Aviation Boot Camp” PCIMI, 7746 W 60th Fremont MI 49412 for the “boot camp” director approval

Requestor Information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone #1 \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_ Phone #2 \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number children in household?\_\_\_\_\_\_

Do you receive any agency support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Camper Information: Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BoyGirl

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Requestor to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_

Scholarship Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter Total Cost for the Week of “Aviation Camp”($125)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtract the required $20.00 deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subtract the amount you are able to contribute to the remaining “Aviation Camp” Fee after the deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subtract the amount your local church is able to contribute to “Aviation Camp” Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Scholarship Amount Requested from“ Aviation Camp” Please describe the need for a “Aviation Camp” Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Requestor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

“Aviation Camp” Contribution:

Executive Director Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Amount Given $ \_\_\_\_\_\_\_\_\_\_