



BUCKHORN CAMP

SUMMER CAMP & RETREAT CENTER

CAMP HOPE SCHOLARSHIP APPLICATION

Please fill out the form below and submit by May 1, 2020 for review.

CAMPER INFORMATION

1. Camper's Name: _____
2. Is camper currently registered for camp (circle one)? YES NO
3. Which session is the camper registered for/hopes to attend? _____
3. Has the camper attended Buckhorn Camp before? YES NO
If so, which camp and when? _____

SCHOLARSHIP INFORMATION

- Camp Hope Session Cost: _____ Scholarship amount requested: _____
- Has camper applied for any additional scholarships? _____
- Has camper received financial aid from Buckhorn Camp/Camp Hope in the past? _____
If yes, how much and when? _____

The following information is necessary in determining scholarship awards and is kept strictly confidential.

List the MONTHLY income from each source:

First & Last Names	All wages, salaries or commissions before deductions and unemployment	Welfare payments, child support and / or alimony	Pensions, retirement, social security, workers compensation or disability.	Any Additional Income

Total Number living in household (adults & children) If living in a group home, write N/A: _____



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FINANCIAL NEED/SUPPORTING INFORMATION

Please provide us with additional information/insight as to why this scholarship is needed for the above camper. Include any pertinent information not provided above, as well as why attending this camp is important to the camper. We understand providing this information is sensitive in nature, but we encourage you to be as descriptive as possible to give us the best understanding of your situation. **All information disclosed is held in strict confidence between applicant, Buckhorn Camp Director and Camp Hope Director.**

If needed, Buckhorn Camp may request additional financial documents or character witness references. Applicant agrees to provide requested information (if requested) in order to receive campership funding.

NOTE: Scholarships are awarded based on financial need and funding availability. Completion of this form is voluntary and does not secure a specific dollar amount. Campers who receive funding will be contacted prior to the start of camp with the amount available.

APPLICANT SIGNATURE	DATE
APPLICANT EMAIL: _____	

PLEASE RETURN FORM AND ATTACHMENTS PROMPTLY

VIA EMAIL: Director@BuckhornCampCO.org, ATTN: Camp Hope Scholarship

OR BY MAIL: PO Box 125 • Bellvue, CO, 80512

IF SENDING BY MAIL, please email the above address to alert us of your incoming application.