



Camp Capers Scholarship Application



A typical Camp Capers scholarship is an agreement between the camper family, their local Episcopal church, and the diocese/Camp Capers to each pay for **1/3 of the session registration fee.** For Camp Capers Summer Camp 2019: 1/3 = **\$168.33****

More scholarship assistance may be requested; contact Camp Capers for more details.

How to Apply for Scholarship Support:

1. **Register** your camper for the session they would like to attend (dwtx.org/camps). The site will ask for a \$50 deposit to complete and confirm registration, which will count towards the family's portion. **
2. **Complete** the Family Portion below.
3. **Ask** your priest to approve and sign for the church portion. **
4. **Send** this form to Camp Capers, or ask your church to send it to Camp Capers,
by email: camp.capers@dwtx.org
by fax: (830) 995-2393
or by mail: Camp Capers; Attn: Scholarships; PO Box 9; Waring, TX 78074.

****If you do not have a home church, would like to request additional scholarship support, or have other scholarship questions, please email the Camp Capers Office Manager (camp.capers@dwtx.org) or Camps & Conferences Director, Rob Watson (rob.watson@dwtx.org).**

Family Portion:

Camper Name: _____ Session Attending: _____

Parent/Guardian Name: _____ Email Address: _____

Parent Phone Number (optional): _____

I hereby certify that the above information is true and accurate to the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.

Parent/Guardian Signature: _____ (date) _____

Church Portion: *required only if you are asking your church to supply a portion of the scholarship.* **

Church Name: _____ (city) _____

Priest's Name: _____ Email Address: _____

Church Phone Number: _____ Church Scholarship Amount: _____

I hereby certify that the above information is true and accurate the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.

Priest Signature: _____ (date) _____

Office Use Only: please do not write below this line _____ *Date Form Received:* _____

Priest Signature: [] Church Portion Received: [] Date: _____ Church Portion Applied: []

DWTX Amount Requested: _____ Approved: Yes [] No [] Initials: _____ Date: _____

Applied to Camper Registration: [] Date: _____ Family Notified: [] Paid in Full: [] Date: _____