



1425 South Osprey Ave. Suite 7
Sarasota, FL 34239
Phone 941-552-1584 Fax 941-552-1571
www.heartsafire.us
Not -For -Profit 501(c)3 Tax ID #22-3927470

Eligibility Requirements for Camp Scholarship Applicants

Hearts Afire will review applications and select campers based on financial need. A limited number of scholarships will be awarded.

All applicants **must** meet the following criteria:

- 1) Financial need must be determined by:
 - a. Child's living arrangement (ie. Single family home, foster child, group home, shelter)
 - b. Does the child or family receive government assistance? Please indicate on camp form. (food stamps, social security, welfare, WIC)
 - c. Are there temporary or long term financial difficulties?
- 2) All pages of application must be completed to be considered for camp scholarship.
- 3) Children must be between the ages of 8-18.
- 4) Children must express a desire to go to a Christian summer camp and complete page two of application.
- 5) Scholarship recipients may only receive the scholarship one time. Please do not apply if you have received a Hearts Afire scholarship in the past.

Instructions for Hearts Afire Christian Camp Scholarship Application

Page #3 – To be filled out by the **Parent** of the child/youth

Page #4 – To be filled out by the **child/youth**

Page #5 – To be filled out by the **Sponsoring Organization/Youth Pastor/Leader**

Hearts Afire, Inc.

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Christian Camp Scholarship Program Application

Page 1 - To be filled out by the parent or legal guardian

Name _____ Age (as of June 1) _____
Birth Date _____ Gender(circle one) M F
Address _____

School _____ Grade Completed _____

Parent/Legal Guardian _____ Relationship _____

Phone- Daytime _____ Evening _____ Cell _____

E-mail address _____

Church Affiliation _____ Pastor _____

Has the applicant ever been away from home for more than 2 days? _____

Has the applicant ever attended a week at camp before? _____

List any concerns or hesitancy about camp the applicant may have _____

Does the applicant have any special medical needs/problems that would be important for us to know?

YES NO (circle one) Please explain in detail. _____

Is the applicant on any medication? YES NO (circle one)

If yes, please list _____

(Answering yes to this question does not determine eligibility for a camp scholarship. This information helps determine the appropriate camp for the applicant.)

The following must be signed before application can be processed.

If accepted to the Hearts Afire Scholarship Program, I agree to obey the rules of the camp I attend.

Signed (Campers Legal Name) _____

I give my permission to the sponsoring organization to complete the third page of this form to provide Hearts Afire with the information necessary to process this application. I also give permission for the use of my child's name or image to be used by Hearts Afire for promotional purposes. I understand that the parent/guardian or sponsoring organization is responsible for transportation to and from camp. (Hearts Afire will be unable to provide transportation for camp scholarship recipients).

Signed-Parent or Legal Guardian _____

Date _____



TO BE COMPLETED BY SPONSORING ORGANIZATION (Youth organization, social agency, church, etc.)

Name of Sponsoring Organization/Church _____

Address _____

City, State, Zip _____

Name of individual filling out form _____

Title _____ Phone Number _____

Relationship to applicant _____

Does this child have any special gifts, abilities, or interest? _____

Please clearly explain the financial need for the child to receive this type of scholarship (within guideline of confidentiality). _____

Sponsoring Individual/Youth Pastor/Leader _____

Title _____

Organization/Church _____

Camp Name _____ Camp Date _____

Camp Location _____ Camp Cost _____

Amount earned through fundraisers _____ Amount needed _____