

2024 Camp Jubilee Summer Camp Scholarship Application

Return completed forms to the address below no later than April 1, 2024.

Camp Jubilee, PO Box 994, Beaufort, SC 29901

Part A: To be completed by Parent

Church/Organization Name

Camper Last Name	Camper First Name	Summer Camp Session Attending
Parent/Guardian Full Name	Parent Email	Parent Phone Number

Preferred Method of contact: Email / Phone (Circle one)

We realize that the cost of sending children to Camp Jubilee is a financial challenge for many families. If you are in need of financial assistance, we want to help. Our scholarships are offered as a shared ministry between Camp Jubilee, the camper's family, and their church. Based on the need/availability of funds, we generally ask the camper family to provide 1/3, their church to provide 1/3, and we will provide the final 1/3 from the Camper Scholarship Fund. Once you have filled out this form, it should be given to your rector, pastor, or youth minister for their endorsement. If we are not able to provide the necessary financial assistance, your application fee will be returned in full. Please allow two weeks from receipt of this form in our office in order to be notified regarding the status of your application.

Church Employee Signature D	ate Signed
Church Employee Full Name	itle/Position
. (Please enclose a check made payable to Camp Jubilee for this	amount and return by April 1st.)
By endorsing this request for a scholarship, I verify the need for assistance.	·
are the the the compression by the contract of	
Part B: To be completed by Church Priest/Youth Minister	
Parent/Guardian Signature: Date:	
Amount requested from Camp Jubilee (max of 1/3)	\$
Amount to be provided by church/organization	\$
Amount family owes (min of 1/3 of cost, less app. fee)	\$
Amount paid so far (application fee)	\$
Total cost of session	\$

Church City/State

Church Phone Number