

Application Deadline
Must be Completed & Received By:
Wednesday, March 22, 2017



Return to:
Archdiocese Office of Youth & Young Adult Ministries
P.O. Box 32180
Oklahoma City, OK 73123
(405) 721-9220

2017 CAMP SCHOLARSHIP APPLICATION OUR LADY OF GUADALUPE CATHOLIC YOUTH CAMP

Subject to Session Availability—Check Camp Session

June 11 June 18 June 25 July 2
 July 9 July 16 July 23

PLEASE TYPE OR PRINT

CAMPER INFORMATION

NAME _____ SEX M ___ F ___ DATE OF BIRTH _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE (_____) _____
PARISH _____ LOCATION _____

FAMILY INFORMATION

FATHER	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	HOME PHONE (_____) _____ WORK PHONE (_____) _____ CELL PHONE (_____) _____
	EMAIL ADDRESS _____ OCCUPATION _____
	EMPLOYER _____ ANNUAL INCOME \$ _____

MOTHER	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	HOME PHONE (_____) _____ WORK PHONE (_____) _____ CELL PHONE (_____) _____
	EMAIL ADDRESS _____ OCCUPATION _____
	EMPLOYER _____ ANNUAL INCOME \$ _____

PLEASE LIST NAMES AND AGES OF BROTHERS AND SISTERS

<u>NAME</u>	<u>AGE</u>
_____	_____
_____	_____
_____	_____
_____	_____

SCHOLARSHIP INFORMATION

HOW DID YOU LEARN ABOUT THE CAMP SCHOLARSHIP PROGRAM?

DESCRIBE THE REASONS YOU WISH TO RECEIVE THIS SCHOLARSHIP?

HAVE YOU APPLIED FOR AND/OR RECEIVED ANY PARISH ASSISTANCE OR SCHOLARSHIP TO ATTEND CAMP THIS YEAR?

PLEASE USE THIS SPACE TO INFORM THE CAMP SCHOLARSHIP SELECTION COMMITTEE OF ANY SPECIAL CIRCUMSTANCES REGARDING THE FINANCIAL NEED FOR THIS ASSISTANCE *(Attach an additional sheet if necessary)*

I affirm the foregoing to be true and accurate to the best of my knowledge. The undersigned hereby gives and grants permission to the Catholic Archdiocese of Oklahoma City and the Catholic Foundation of Oklahoma City, Inc. to use, publish and air name of camper receiving a camp scholarship in order to promote scholarships and other programs of the Archdiocese.

PARENT SIGNATURE

DATE

RECOMMENDATION FROM PASTOR

To enable the Selection Committee to make a valid appraisal of this application, IT IS REQUIRED THAT THE CAMPER'S PARISH PASTOR SIGN THIS APPLICATION.

I, _____ do hereby recommend that the above named camper receive a Scholarship to attend Our Lady of Guadalupe Catholic Youth Camp this summer. To the best of my knowledge, the family is in need of assistance and the parish has helped as much as possible to provide assistance for this individual to attend summer camp.

REVEREND _____ DATE _____
(Pastor's signature)

PARISH _____ LOCATION _____

PERSONAL RECOMMENDATION OR COMMENT:

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