

HOPEWELL DIABETES SCHOLARSHIP APPLICATION

CAMPER=S FULL NAME _____

PARENT(S) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Total fee for camp: \$ _____

Amount requested to be covered by Hopewell Scholarship: \$ _____

Amount to be paid by family of the camper: \$ _____

*****Please give a brief description of your need for financial assistance.*****

FOR OFFICE USE ONLY

SCHOLARSHIP AWARDED (CIRCLE ONE): YES NO

AMOUNT OF SCHOLARSHIP AWARDED: \$ _____

OFFICIAL AUTHORIZATION BY: _____

Return to: Camp Hopewell, 24 CR 231, Oxford, MS 38655