HACSF

The Holly Alm Camp Scholarship Fund

Scholarship Application for GROUPS attending Christian camps or events

Applicant Information:

Group Name _____

Group Representative _____

Telephone Number _____ Email _____

Camp Name _____

Camp Address _____

Camp Dates _____ Camp Cost _____ Amount Requested _____

List names and ages of youth to receive a scholarship. (Note: If names not available, list the number of students you wish to scholarship. Names and ages must be provided as soon as they are known.)

_____

_____

_____

State Mission of Camp/Additional Information (include website address and/or brochure). Use back of paper or additional sheet if necessary.

_____

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_____

Mail Completed form to: HACSF Scholarship
c/o Hebron Church
10460 Frankstown Road
Pittsburgh, PA 15235

Questions? Email: HollyAlmCampScholarship@gmail.com