



**Complete applications, with copy of 1040, may be mailed to:**

INUMC, Attn: Camp Scholarships, 301 Pennsylvania Parkway - Suite 300, Indianapolis, IN 46280

**Instructions:**

- This form must be completed by a camper's parent or guardian. Please print clearly and fill out the entire form.
- A copy of your most recent IRS 1040 Individual Income Tax Return is required. Either 2016 or 2017's form will be accepted until April 15, 2018. After that date, 2017's will be required. Only the first page is needed (no worksheets).
- Applications received without a copy of the 1040, or that are not completely filled out, will not be processed.
- Please allow up to 3 weeks for processing.

Camper(s) Name(s)	Grade in the fall? (2018-2019 school year)	Event Code*

**Is your camper attending That Thing at Epworth Forest?**      Yes      No  
 If yes, will they be using an Individual Ticket OR staying in a group lodge rented by the church they are attending with?     Individual Ticket       Group Lodge

\*The camp you want to go to this summer - **ex. PM283** for Pine Creek Camp, July 8-13

**Request Information:**

**Impact 2018's INUMC Scholarships offer support of up to 33% off the cost of camp to families who qualify.**

We understand that financial situations can be complicated. It is our desire that no one be unable to attend camp due to their financial situation. If the award received does not allow your child to attend camp, please consider contacting your local church. Local United Methodist churches often have funds set aside to help youth attend summer camp.

Amount your family is able to contribute, per child, towards the camp fee? \$ \_\_\_\_\_

Amount of support that will be contributed, per child, from church/other sources? \$ \_\_\_\_\_ Source: \_\_\_\_\_

Amount of scholarship funds are you requesting, per camper, from Impact 2018? \$ \_\_\_\_\_ (limit 33%)

**Family Information:**

Address: \_\_\_\_\_ Phone #: C H W (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Church: \_\_\_\_\_

# of family members living in the house: \_\_\_\_\_ # of family members attending camp this summer: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Work title/position: \_\_\_\_\_ Annual salary/wage: \$ \_\_\_\_\_

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Does your family currently receive federal or state assistance?

(food stamps, free or reduced lunch program, subsidized housing, etc.)      Yes      No

Please provide any additional information we should consider in making a decision: \_\_\_\_\_

**I hereby declare that the information provided above is true to the best of my knowledge and belief.**

Signature of parent/guardian completing this form: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>
Amount awarded: _____
Code: _____
Date award mailed: _____
Authorized by: _____