

# 2019 Scholarship Application



**IMPACT 2818: Outdoor Ministries**  
of the United Methodist Churches of Indiana



**Complete applications, with copy of 1040 page 1, 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.
- Income information and a copy of the first page of the most recent IRS 1040 Individual Income Tax Return must be included for all individuals financially responsible for the camper(s). Either 2017 or 2018's form will be accepted until April 15, 2019. After that date, 2018'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 two (2) weeks for processing.

Camper(s) Name(s)	Grade in the fall? (2019-2020 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. RP242** for Camp Rivervale, June 9-11

## Request Information:

**Impact 2818'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 2818? \$ \_\_\_\_\_ (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: \_\_\_\_\_

Mother/Father/Other Guardian's name: \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

Work title/position: \_\_\_\_\_

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Work title/position: \_\_\_\_\_

Does your family currently receive federal or state assistance? (food stamps, etc.)      Yes      No

If there is additional information we should consider in making a decision, please use the back of this page.

**I hereby declare the information provided above is true and represents the camper's full financial situation, to the best of my knowledge and belief.**

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

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

### Office Use Only

Awarded: \_\_\_\_\_

Date award mailed: \_\_\_\_\_

Authorized by: \_\_\_\_\_