

2024 Scholarship Application



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



Complete applications, with copy of 1040 (no worksheets), may be emailed to registrar@impact2818.org, faxed to (317) 735-4237, or mailed to INUMC, Attn: Camp Scholarships, 301 Pennsylvania Parkway - Suite 300, Carmel, IN 46280

Instructions:

- Please print clearly and fill out the entire form.
- Income information and a copy of the family's most recent IRS 1040 Individual Income Tax Return must be included for all individuals financially responsible for the camper(s). Either 2022 or 2023's form will be accepted until April 15. After that date, 2023's will be required. Do **not** send 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? (2024-2025 school year)	Event site/type*

*examples: Lakewood Express, Pine Creek Impact, Rivervale Mini, etc.

Request Information:

Impact 2818's INUMC Scholarships offer partial support 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? \$ _____

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: _____