



York Community Day Camp 2025

Director: Melissa Stafford

Email: yccdaycamp@gmail.com

Scholarship Request Form

Please provide the following information:

Camper Name _____

Parent/Guardian Name _____

Home Street Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

School _____ Grade Completed _____

School Address _____

Area Church (not required) _____

Please answer the following questions:

1. What do you hope for your camper to gain from this experience?

2. What scholarship amount do you feel that you need in order to attend camp? (We may give up to 50% scholarship based on availability of funds. Registration fee not typically included in scholarship awards.)

3. Have you attended YCDC Camp in the past? Have you received a YCDC scholarship in the past? If so, what year(s) and what amounts? _____

4. Household's combined current annual gross income: (Please circle the appropriate box.)

Under \$20,000	\$35,000-\$50,000	Above \$75,000
\$20,000-\$35,000	\$50,000-\$75,000	

5. Other siblings and ages: _____

6. We run camp 2 weeks in July. Please indicate how many weeks you will be attending and which weeks they are: _____

Signature: _____ Date: _____

**Please complete and mail to: Messiah Church of York
1300 N.Beaver Street
York, PA 17404**

For Office Use Only

Request Approved by: _____ Amount Approved:\$ _____

Date: _____ Dates Attending: _____

Scholarship Fund: _____