

SCHOLARSHIP REQUEST

Return to:
Camp Tekoa Registrar
PO Box 160
Hendersonville, NC 28793

**This form must be signed by custodial parent/guardian
AND minister/sponsoring agency representative.**

Camper's Full Name _____

Event Attending _____ Date Attending _____

Parent Name(s) _____

Church or Sponsoring Agency _____

Minister/Sponsoring Agency Representative _____

Statement of financial need. _____

Why do you feel attending Camp Tekoa would be beneficial to your child? _____

Has your child received a scholarship from Camp Tekoa in the past? ___no ___yes

If yes, what year(s)? _____

Signature of Custodial Parent/Guardian

Signature of Minister/Sponsoring Agency Representative

Please complete prior to submitting form

Family will pay \$ _____ Payment enclosed? _____

Church will pay \$ _____ Payment enclosed? _____

Scholarship Requested \$ _____ *

*initial \$50 deposit must be made by family or church

ACCEPTANCE POLICY

Persons are accepted without discrimination on the basis of race, color, sex, age, religion or national origin. All campers are expected to be ambulatory and able to feed, clothe, and bathe themselves. Facilities are rustic; terrain and programs are rugged.