

# CRISTACAMPS



## Miracle Ranch Scholarship Application

Each year, CRISTA Camps solicits contributions for the Miracle Ranch scholarship fund. The fund assists families who are unable to afford the full camp fee so more children have the opportunity to attend camp. Because funds are limited and we desire to help multiple families, we ask that each family pay for as much of the camp fee as possible.

**Step 1:** Go to [CristaCamps.org](http://CristaCamps.org) to see the full list of camps. Pick one! One camp per season, please. If you would like to discuss multiple weeks of day camp options, please call our office.

**Step 2:** To temporarily hold your spot in camp, go to [CristaCamps.org](http://CristaCamps.org) and register. Please do not make a payment or deposit. Click the "Scholarship Application Discount" option. You will receive a confirmation email but your spot is not guaranteed until the scholarship application has been submitted and approved.

**Step 3:** Submit this application form (one per camper) with a current paycheck stub/earnings. If your scholarship is approved, your camp registration will be confirmed.

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Which camp did you register for? \_\_\_\_\_

Date of camp \_\_\_\_\_ Total Cost \$ \_\_\_\_\_ Scholarship requested \$ \_\_\_\_\_

In case there are additional scholarship options, do any of these apply to your camper?

Military  Foster Child  Adopted  Single Parent Household

What range does your household family income fall under: (please circle one)

Family	Single person	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household
Monthly income	\$2,308 or less monthly	\$3,122 or less monthly	\$3,935 or less monthly	\$4,748 or less monthly	\$5,562 or less monthly	\$6,375 or less monthly	\$7,189 or less monthly

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ . Email: \_\_\_\_\_

I understand I am responsible for the balance of the basic camp fee, plus optional program fees, transportation fees, and spending money. I affirm that the information provided in this application and in any supporting documents is true and accurate. I understand that my failure to truthfully provide the information requested may result in loss of the scholarship, the requirement to repay the amounts received, and the ineligibility for me or my family to apply for camps scholarship in the future.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with current paystub/earnings via email or mail to:  
Miracle Ranch – 15999 Sidney Road SW, Port Orchard, WA 98367  
Email: [information@cristacamps.org](mailto:information@cristacamps.org), Phone: 253-851-4410