

Fundraising Planner for Michindoh 2017

It is our desire to see as many kids as possible be able to go to camp with us this summer. We want to help you come up with the necessary funds to send your student to camp. The total cost of camp and travel is \$385. Central Indiana Youth for Christ will cover transportation costs reducing the cost per camper to \$295. Together, we will make it happen!

Camp Cost Per Student: \$295

Camper Family Support

Non-refundable deposit (\$100) \$100
Due February 15, 2017 _____

Student Support (amount student will contribute) _____

Family Support
2nd Payment :: \$100 :: Due April 1, 2017 _____

Final Payment :: \$95 :: Due June 1, 2017 _____

Family Support Sub-Total = _____

Fundraising

Will Work 4 Camp Yard Work Fundraiser (\$25/hr)
Number of Hours willing to work _____ x \$25 = _____

Additional Fundraisers - _____

Fundraising Sub-Total = _____

Scholarship

Local Scholarship (please fill in the amount requested) _____

Application Required

Central Indiana YFC offers partial camp payment assistance through the scholarship program to prospective campers with financial, spiritual and emotional need. We believe that every student should have the opportunity to attend camp. Please ask your local Campus Life Director for an application to apply.

Scholarship Sub-Total= _____

Grand Total = _____
(should equal \$295)

Chapter Name: Central Indiana _____

Ministry Site Name: _____

Student Name: _____

Student Phone Number: _____

Parent Signature: _____

Student Signature: _____



Scholarship Application

Central Indiana YFC offers partial camp payment assistance through the scholarship program to prospective campers with financial, spiritual and emotional need. We believe that everyone should have the opportunity to attend camp. All students will be asked to contribute 20% of the trip cost (fundraising work payments can be counted).

Student Name: _____ Camp Location: _____

Address: _____ City: _____ Zip: _____

Parent Name(s): _____

Parent Phone Number: _____

Parent Email Address: _____

For Parents/Guardian to fill out:

Total number of household members, including adults: _____

What financial amount do you feel your family is able to contribute to your student's camp cost? _____

Scholarship Amount Requested: _____

Please describe your financial situation, including any unusual or extenuating circumstances and how this scholarship is a good match for your student. (continue on second page if necessary)

For Student Camper to fill out:

Please describe why you want to attend YFC Camp.

Signed: _____ Date: _____
(Parent or guardian)

Signed: _____ Date: _____
(Student)

*Please return this request with the Camp Registration Form and CIYFC Fundraising Planner to
CIYFC PO Box 68695, Indianapolis, IN 46268 or to your local Campus Life Director.
If you have any questions feel free to contact CJ Reynolds at the YFC Office, 317.925.2828 or creynolds@ciyfc.org.
**All payments are non-refundable.