

MSYC Financial Need Camper Scholarship Application
(please complete prior to attending camp)

Child's Name: _____

Address: _____

Zip Code: _____

Age: _____

Parent/Guardian Name: _____

Mailing Address: _____

Home/Cell Telephone: _____

Work Telephone: _____

Place of employment: _____

Job Title: _____

Please list a few reasons below why your child should be considered for the Financial Need Camper scholarship:

(After above is completed, please give to a **referral contact** to finish completing form. **Referral Contact** will mail completed application form to MSYC. **You will be contacted if you will be awarded this scholarship.**)

Referral Contact (for example: preacher, youth minister, teacher, etc.) I am recommending the above youth receive a partial/full camper scholarship due to their financial need. (Please include a brief statement as to why you feel this is a need)

Name: _____ Cell #: _____

Job Title: _____ Place of employment: _____

Applications should be received at least one week prior to the week the child wishes to attend so that proper notifications can be made regarding scholarship status.

**Mail this completed application to: Freed Hardeman University, Mid South Youth Camp,
Attn: Gayle McDonald, 158 East Main St.
Henderson, TN. 38340**