



Camp Sawtooth

Camper Scholarship Application

PERSONAL INFORMATION (Please Print Clearly)

Name _____ Camp Attending _____

Current Mailing Address _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____

TO APPLY FOR A SCHOLARSHIP

It is our desire that every youth who wants to attend camp is given that opportunity.

1. Complete and attach a Registration Form or indicate if one has already been submitted – Yes _____;
2. The camper must pay something towards the registration fees in whatever amount they are able to;
3. Seek financial help through their local church scholarship process (if available); and
4. Request the remaining amount needed from Camp Sawtooth.

Camper Amount Paid \$ _____

Church Scholarship Amount \$ _____ Pastor's Signature (Required) _____

Camp Sawtooth Scholarship
Amount Requested \$ _____

Church Name _____

Pastor _____ Church Phone _____

Signature of Parent/Guardian

Date

Please mail or email completed application to:

directorscampsawtooth@yahoo.com

(Before May 20th)
Camp Sawtooth
PO Box 101
Nampa, ID 83653
(208) 899-2073

(After May 20th)
Camp Sawtooth
HC 64 Box 8290
Ketchum, ID 83340
(208) 726-1155