



ZION Lutheran Church

1254 S. Union Street, Shawano, WI 54166-3461
715-526-2017 zion@shawanozion.org www.shawanozion.org

REV. SCOTT LUDFORD
Senior Pastor

MIKE EIDAHL
Council President

Campership Scholarship Application

Date of Request _____

Child's name _____

Parent(s)/Guardian(s) Name _____

Phone # _____ E-mail _____

Reason for application (check one):

_____ Scholarship for week at ___ Confirmation ___ church camp

_____ Scholarship for partial week at ___ Confirmation ___ church camp

_____ Registration fee for retreat at church camp

Camp Name: _____ Date attending: _____

Camp Program Fee: \$ _____ **Amount Requested** \$ _____

Signature of Parent/Guardian _____

Please return form to the church office. Thank you.

Approved by _____ Date approved _____

Date received in office _____ **Amount Approved** _____

Date paid _____ Check # _____