



FELLOWSHIP OF
CHRISTIAN ATHLETES



CAMP SCHOLARSHIP APPLICATION

Camper Name _____ M F Age _____

Address _____ Birthdate ____/____/____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

School Name _____ Grade (*Fall 2018*) _____

Parent or Guardian Name _____

Phone _____ E-Mail _____

Name of Camp _____ Date of Camp _____

Have you ever attended an FCA Camp before? Yes No

If so, which Camp and when? _____

Briefly list your FCA involvement –

Why do you want to attend this FCA Camp and how did you hear about it?

Scholarship Amount Requested – \$_____

Please mail scholarship application and \$50 deposit to –
Fellowship of Christian Athletes | 578 Geiger Drive, Suite A1 | Roanoke, IN 46783

For questions, please call (260) 672-8482, or email Kari Richards at krichards@fca.org.