



DuBois Center

APPLICATION FOR CAMP SCHOLARSHIP

Date: _____

Name of Camper: _____

Birthdate: _____ Age: _____ Grade completed as of June 2024: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Previous DuBois Center Camper? Yes No

Have you received financial support for camp in the past? Yes No

Briefly explain circumstances of need for scholarship/financial assistance:

Is your family currently receiving food, medical or other services through the State of Illinois Department of Human Services: Yes No

Parent/Guardian Signature: _____

Please give name of school counselor, case manager, Pastor or youth leader who we may contact on your camper's behalf. Submit a referral note with their signature along with this form.

Name _____ Phone # _____

Email _____

Please list sessions of interest for your camper. Selections are not guaranteed.

First Choice Camp Session Name & Date: _____

Second Choice Camp Session Name & Date: _____

OFFICE USE ONLY

Date Received: _____ Amount Approved: _____ Date Approved: _____

Approved by: _____

**The Camp & Retreat Center of the
Illinois South Conference of the United Church of Christ**

Return forms to: DuBois Center, c/o St. Peter's UCC, PO Box 96, Okawville, IL 62271
or scan and email to: register@duboiscenter.org

Submit before February 23, 2024