Camp Marist Scholarship Application Summer 2024

Camper Information					
Child 1: name		nder		Grade	
		nder		Grade	
Family Information: Contact emai	l		Phone num	ber	
Parent/ Guardian 1		Parent/ G	uardian 2		
Parents Are: Single Marrie	d Divorced_	Wido	wedOth	er	
Primary Address:					
Street					
City	State	Zip co	ode	Country	
Session Preference Indicate 1st, 2 23-July 6 Session 2 July 7 -	` •	•		•	
Financial Information Please proving application. Your information will be need and family's ability to contribution.	pe kept confidentia oute to a partial fe	ıl. Full or p e. All applic	artial scholars cations will be	hips will be provided based considered regardless of	on
Applications DUE asap while funds 10-14 days.	still available, Apri	il through <i>N</i>	lay 15, scholar	ship recipients notified wit	hin
To ensure that all scholarship recip camper's spot to ensure that all scl family. Once a scholarship is award (\$200) to save your child's space. Toffice (603-539-4552) and can be a	holarships will be u led, families will be This can be done by	itilized onc e asked to using a cr	e a commitme provide a fee d edit card, a ch	nt is made by the camper a of \$100.00/per week of cam	nd p
 Brief statement of need: (p information, i.e. employme 	•		•	ation with relevant	
2. How do you think your child	l (children) would l	oenefit fror	n a Camp Mari	st experience?	
3. Amount per child your fami	ly could reasonably	//possibly o	ontribute tow	ards tuition: \$	_
4. Any supporting or additiona	l Information?				

Camper contribution to tuition is due a week prior to the start of the camp session unless other arrangements are made.

For help with this application, please call the Camp Marist office 603-539-4552. Submit this form by mail (22 Abel Blvd., Effingham, NH 03882), or email office@campmarist.org with subject heading "Scholarship Application." All candidates must also enroll on the website to be processed officially.