

**Camp Weed & the Cerveny Conference Center
The Episcopal Diocese of Florida**

Mail to: Summer Camp
The Episcopal Diocese of Florida
325 Market Street
Jacksonville, FL 32202

BISHOP WEED SCHOLARSHIP APPLICATION

APPLICATIONS ARE CONSIDERED ON THE BASIS OF NEED AND MERIT.

The Bishop Weed Camper's Grant Fund was created in 1992 to provide financial grants to deserving young people of parishes and missions in the Diocese of Florida desiring to participate in the summer camp program on the basis of need and merit.

- *It is expected that congregations provide scholarship assistance.*
- *Please submit requests as early as possible. **The deadline for applying is May 15, 2008.***
- *The maximum scholarship grant for each camper is: \$125.00 for one session
\$175 for multiple sessions*

Part I - Camper Information (A separate scholarship application must be completed for EACH camper.)

Child's Name: _____

Camp Session & Dates: _____

Grade in August 2008: _____ **Gender:** (M) (F)

Parent/Guardian's Name: _____

Address: _____

Contact Number: _____

Part II - Scholarship Request

Cost to attend Camp: **Camp St. Francis - \$225.00** **All other weeks - \$375.00**

Family contribution: _____

Congregational Support: _____

AMOUNT OF SCHOLARSHIP REQUESTED:

Signature of Priest

Date

[Office use only: DR _____]

Part III - To be completed by Parish Priest

To allow scholarships to be granted to as many children as possible, my church will contribute \$_____ towards this child's camp fees. *(A minimum of \$100 is required per session.)*

Name of Priest: _____

Name of Church: _____

Address: _____

Phone: _____

Please indicate applicant's participation in Church (e.g. Sunday School, Choir, Acolyte, etc.):

Please indicate applicant's participation in extra-curricular activities:

The following is my assessment of this applicants financial needs and the specific reason for this child's scholarship. *(Please indicate any special needs this child may have as well.)*

Signature of Priest

Date