

# CAMP CARL REFERENCE FOR CAMP SCHOLARSHIP



## RETURN ONE OF THESE WAYS

**Mail:** Camp Carl Office | 8054 Calvin Rd. Ravenna, OH 44266

**Fax:** 330.297.5286

**Email:** camp.carl@thechapel.life

**Visit** [www.campcarl.life](http://www.campcarl.life)

**Any questions, call 330.315.5665**

**Name of scholarship Applicant** \_\_\_\_\_

*Camp Carl exists to be used by God to transform the lives of young people for His purposes and His glory! As kids and youth come to Camp Carl, they are able to get away from the urgency, the busyness, and the distractions of the world; they are able to focus on those things that are truly most valuable. Campers will enjoy a positive, exciting experience combined with the truths of God's word, and be able to make a lasting impact on future generations.*

## Applicant Authorization

I hereby authorize \_\_\_\_\_ to provide Camp Carl with the information requested. I release him/her from all liability in the giving of this information.

\_\_\_\_\_  
Signature of Scholarship Applicant (Guardian) Date

## THIS PORTION TO BE FILLED OUT BY REFERENCE

### PLEASE PROVIDE INFORMATION FOR THE FOLLOWING

How do you know the Scholarship Applicant? \_\_\_\_\_  
\_\_\_\_\_

Would you consider this applicant a prime choice for Scholarship assistance?  Yes  No

If representing a church or state assistance agency, is your organization interested in supporting this applicant financially for Camp?

Yes  No If yes, how much? \_\_\_\_\_

What makes this applicant eligible for camp scholarship assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Church \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

*Please mail or email this form directly to Camp Carl.*  
**This application process is not complete until we receive completed references for scholarship applications.**  
*We truly appreciate your time and help!*