



1445 Camp Gilead Drive, Polk City, FL 33868
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FINANCIAL AID APPLICATION

Financial aid can only be applied to camp fees. The funds may not be used for multiple weeks of camp, Oasis spending money, or optional activities like crafts, paintball, etc. Funds are awarded in the order in which completed applications are received.

Please have the camper write a letter stating why he/she wants to attend Camp Gilead this summer. Send it with this application. The application must include a personal letter.

What week of camp? _____ Boy ____ Girl ____
Camper's Name: _____ Camper's Age: _____
Mailing Address: _____ Birth Date: ____/____/____
City: _____ State: _____ Zip: _____ Grade entering next fall: _____
Parent/Legal Guardian's Name/s: _____
Phone #: _____ Phone #: _____
E-mail Address: _____

Has this child ever attended Camp Gilead? ____ When? _____
Has this child attended another camp? ____ What other camp? _____
Did your child do our Bible Lessons Program this year? Yes ____ No ____
Are you attending a local church? Yes ____ No ____
If yes, please give the name of the church: _____

Please understand that Camp Gilead is a non-profit ministry. Our financial aid funds are intended to help those in serious financial need, who would otherwise be financially excluded from attending camp. Financial aid, when available is granted to those who need assistance beyond what is available from the camper's local church and/or what the family can personally contribute.

If you are attending a local church, please ask your pastor to complete the section below:

Pastor, does this camper's family meet the above-stated criteria? Yes ____ No ____
Amount the church will pay toward the camper's camp fee? _____
Pastor's Name: _____ Phone #: _____
Pastor's Signature: _____

REQUIRED: How much will the camper's Parent/Legal Guardian pay toward the camp fee? _____
(You must state an amount you are able to contribute.)

Parent/Legal Guardian Signature: _____

For Office Use Only

Date Received: _____ Official Approval of funds: _____ Amount: _____