

## **CAMP SHALOM**

960 E. 53rd St. Suite 1B
Davenport, IA 52807
563-323-2790 563-552-7453 fax
E-mail: campshalom@gmail.com

Camp Shalom is committed to providing people of all ages a Spirit-filled experience in a time and place apart. As part of this commitment, funding id donated to provide camp scholarships. These "camperships" are available to any child, or family in need of financial assistance regardless of their church affiliation and/or history with Camp Shalom.

Complete this form and return it to: Camp Shalom / 960 E 53rd St. Suite 1B / Davenport, IA 52807.

Camper's Name (Last, First, Midd	le Initial)		
Address	City	State Zip	
Phone School	ol	Grade Next Fall	
Has this child previously received	financial assistance? Yes	No	
How did you hear about this camp	pership?		
Briefly explain why the camper w	ill benefit from this assistar	nce:	
			<del></del>
How much of the camper fee wou	uld you be able to pay?		<del></del>
Parent/Guardian Name		Occupation	
Mailing address			
Employer			
Number of children at home?			
Parent/Guardian Signature			
Phone	Email a	ddress	
OFFICE USE ONLY			
Session	·	Amount Approved	
Staff Signature		-	