

Kevin Campbell Scholarship Request Form

Anglican Diocese of Edmonton Summer Camps

Camper's Name: _____

Parent's Name: _____

Scholarship for which camp: _____

Total Cost of Camp: _____

Portion able to pay: _____

Scholarship request: _____

Parent's Signature: _____

Date: _____

Additional Information:

Please return this form to:

Sally, Camp Secretary
Anglican Diocese of Edmonton
10035-103 Street
Edmonton AB T5J 0X5

or fax it to (780) 439-6549