

Florida College Dry Creek Camp Camp Grant Request Form Agreement **Deadline: April 15**

I am requesting a Camp Grant for my child (children) to attend Florida College Dry Creek Camp. I understand that if my child receives this grant, I agree to the following:

1. **My child (children) will write a thank you letter for this grant, due July 15th of the camp year in which the grant was received.** This letter will tell why Camp has been a benefit to them. All letters received will then be mailed to the grant donors. I also understand that any future grants I may request are contingent upon the receipt of this letter by the above date. Thank you letters may be mailed to the camp address or typed and sent via email to fdrycreek@aol.com.
2. I agree to pay as much of the Camp fee and bus fee as I am able at this time to pay. **All applicants must pay something.** This partial payment should exclude any pictures and video orders. Please remember that like you, our funds are limited and the number of requests is increasing. We believe that if everyone will do all that they can, everyone who needs a little help can be helped.
3. I understand that I may request a grant for the remainder of the Camp fee and the bus fee. **The grant does not cover the cost of Camp pictures/video therefore PLEASE DO NOT ORDER THESE.**
4. If in the future I am able to repay the grant or contribute to the fund, I will do so in order to aid others who need grant funds to attend the Camp.

This request form is designed so that you can type in your information. **(1st)** Save the blank form on your computer. **(2nd)** Open the form in Adobe Reader. (Free Adobe Reader at <http://get.adobe.com/reader/?promoid=DJDVP>) **(3rd)** Enter all the information and save it. Then check it to see that the information has been saved in the form. **(4th)** Email the form to us as an attachment or submit it by mail or fax. See contact information below.

Electronic Signature: I understand by typing my name in the designated area that I am accepting this agreement.

Parent/Guardian Signature: _____

Parent(s) Name: _____

Phone Number: _____

Email Address: _____

Name of Camper (s): _____

Camp Year: _____

Total Camp Fees (not to include pictures or video) \$ _____

Amount you are able to pay: \$ _____

Total Camp Grant amount requested: \$ _____

Please email, mail or fax completed form to:

Florida College Camp
P.O. Box 333
Alief, TX 77411-0333
Fax: 866-395-2786
Email:
FCDryCreek@gmail.com
Website: www.FCDryCreek.com

Office Use Only:

Grant Amount: \$ _____

Date: _____

Coupon Code: _____