



CAMP TOHIGLO • FINANCIAL AID APPLICATION

10670 Fort Loudon Rd • Mercersburg PA 17236 • (717) 328-2784 • info@camptohiglo.org

2024

APPLICATIONS MUST BE SUBMITTED MORE THAN 2 WEEKS PRIOR TO THE WEEK OF CAMP THEY WANT TO ATTEND.

It's our desire that every child have the opportunity to experience a week at a Camp Tohiglo, however, we realize that some families may have difficulty paying the full cost of camp tuition due to financial hardship. Faithful supporters have come forward to assist families in need, so we are pleased to offer partial camp scholarships through our new SCHOLARSHIP FUND.

GUIDELINES:

- Applications are not automatically approved. Camp Tohiglo reserves the right to reject any or all applications.
- Applications will consider available Scholarship Funds vs the number of applicants already approved and your financial need.
- Applications will be processed in the order received.
- As a standard policy we do not cover the entire cost of camp. A minimum fee must be paid - \$100 for overnight camp and \$70 for day camp.
- Financial aid funds will be applied directly to the camper's account. Financial aid funds will be returned to the camp if a camper cancels. Our standard refund terms apply. (See Camp Registration Terms)

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____ Parent email: _____

Camper attends church at: _____ Pastor's Name: _____

Amount church is contributing towards camp? (Put n/a if camper doesn't attend church and put \$0 if church is unable to help.) \$ _____

Please share your reason for financial aid request:

| CHILD'S NAME | BOY OR GIRL | AGE | WEEK OF CAMP | COST | AMOUNT I CAN GIVE | AMOUNT I AM REQUESTING |
|--------------|-------------|-----|--------------|------|-------------------|------------------------|
| 1. | | | | \$ | \$ | \$ |
| 2. | | | | \$ | \$ | \$ |
| 3. | | | | \$ | \$ | \$ |
| 4. | | | | \$ | \$ | \$ |

I attest that the information given on this form is accurate to the best of my knowledge.

SIGN _____
Signature of Parent or Guardian

DATE: _____

Note:
If signing electronically via PDF,
you may type your full name instead
of physically signing.

MAIL SIGNED FORM TO:

Camp Tohiglo
Camp Secretary
10670 Fort Loudon Rd
Mercersburg PA 17236

OR EMAIL SIGNED FORM TO:

info@camptohiglo.org

CAMP USE ONLY

Date Received: _____ Scholarship Award: Child 1 _____ Child 2 _____ Child 3 _____ Child 4 _____

Notification Sent: