



Scholarship Re-Application

Camper(s) Name: _____
 Parent Name(s): _____
 Name of school and year in school (as of Fall of next year): _____
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Parent E-mail address: _____

(Parent) How/Why did your child benefit from an experience at Camp Kiowa?

(Parent) What aspects of Camp Kiowa were most beneficial to your child? Why?

(Child) Why do you want to attend Camp Kiowa again?

Session(s) you wish to attend (please mark all that apply):



June 6 – June 12
 June 13 – June 19
 June 20 – June 26
 June 27 – July 3

July 4 – July 10
 July 11 – July 17
 July 18 – July 24
 July 25 – July 31

Parent Signature _____ Date: _____
 Camper Signature _____ Date: _____

Note:

Along with a copy of your most recent tax return, please submit this form to the address below.

Camp Kiowa
 P.O. Box 425286
 Denton, TX 76204

Thank you for your time and energy in providing us with the information above. Someone will be in touch with you immediately.

Sincerely,
 Camp Kiowa