

**ST. GEORGE GREEK ORTHODOX CHURCH
JAMES NICKITAS CAMP SCHOLARSHIP FUND
APPLICATION FORM**

Child's Name

Age:

_____	_____
_____	_____
_____	_____

Parent(s)' Names

Address:

Phone:

Email

Activity for Which Assistance is Requested:

Brief Explanation of Financial Need:

Amount Requested:

Note: The Guidelines of the James Nickitas Camp Scholarship Fund provide that each recipient of financial assistance shall, as a pre-condition to receiving funds, agree to submit, to the committee that administers the fund, a brief, written recitation of his or her experience at the activity within 45 days of its completion.

Signature of Parent:

Date:
