



Get Fit Families Camp Scholarship Application

Name of participant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent or Guardian Name or Names \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Have you participated in a GFF Camp in the Past? Yes          No    If Yes, what years and what camps? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in a Get Fit Families Camp? \_\_\_\_\_  
\_\_\_\_\_

Why does your family need financial aid for the camp? (Please remember all information is held confidential) \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_