



**Southeastern
Camping Conference**

Scholarship Application

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Evening Phone _____

Email _____

Are you affiliated with a camp or organization? YES NO

If yes, Name _____

Are you an ACA member? YES ACA Member # _____ NO

If no, are you a staff member of an ACA Accredited Camp? YES NO

Camp Name _____

Your position in the Camp _____

Director's Name _____

Describe your background and future goals:

What do you hope to gain by attending this conference?

If you do not receive this financial assistance, will you be able to attend? YES NO

What will your total expenses to attend the conference be (include travel, accommodations, conference cost)?

How much are you requesting?

Please list two professional references: name, phone, email

1.

2.

Your signature _____ Date _____

Return to ACA Southeastern, 3308 Durham Chapel Hill Blvd, Durham, NC 27707
or fax 919-402-4766