



Star Saver
CAMP
SCHOLARSHIP
APPLICATION

Name of Camp _____ Cost \$ _____
Your Age _____

Please tell us about this camp and why you would like to attend.
Be sure to use your own handwriting, and include both pages.

Area with multiple horizontal lines for writing the application response.

REMEMBER

COMPLETED APPLICATIONS MUST BE RETURNED TO LINN-CO BY MAY 15TH. APPLICATIONS CAN BE BROUGHT TO ANY OF OUR OFFICES ALBANY, LEBANON, OR SWEET HOME OR MAILED TO: PO BOX 265 LEBANON OR 97355 IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 541.259.7920

This page is for credit union purposes only.
We may display page 1 in our lobbies and will not display
the personal information of our members.

Name of Camper _____

Address _____

Phone # _____

Star Saver Account Number _____