

**SCHOLARSHIP FORM**

Request for assistance from your home Church:

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Number of years attending camp? \_\_\_\_\_

Grade Completed as of June 2010 \_\_\_\_\_

Name of Camp Session (example Try-It-Out) \_\_\_\_\_

Date of Session \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ From home church scholarship fund

Parent/Legal Guardian/s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Church Name \_\_\_\_\_ Approved Scholarship \$ \_\_\_\_\_

Pastor/Christian Educator/Youth Minister Signature \_\_\_\_\_

Date \_\_\_\_\_

**WE DO NOT BILL THE CHURCH! PLEASE INCLUDE THE CHURCH'S PORTION OF  
REGISTRATION FEE WITH REGISTRATION FORM**