



Bible Camp Scholarship Form

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Parent Address: _____ City: _____

State: _____ Zip: _____

Name and age of each child requiring assistance to attend camp:

Child one: _____ Child two: _____

Child three: _____ Child four: _____

Child five: _____ Child six: _____

By checking this box you understand and agree that you are responsible for providing at least half (50%) of the funds necessary for camp per child.

If you are requesting a different percentage of assistance please indicate that here:

Requesting 25% or less

Requesting 50% or less

Parent Signature: _____

Please return completed form to the church office.