

Summer Camp Scholarship Application

2024

	Applicar	nt Information		
Camper Name:			Age	:
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		
Parent(s) Na	ame(s):			
	Camp	Information		
Camp Name:			Specific Camp:	
Dates:			Full Cost:	
Camp Addre	ess:			
Parent Signature				
Signature:			Date:	
I would like	e my scholarship to be:			
☐ Ser	nt directly to the camp			
☐ Rei	mbursed to me (please attach receipt)			

The church will pay ½ camp scholarships for our youth to four Christian camps. Camp Witness, Homeward Trail Bible Camp, Maranatha Bible Camp, and Timberlake Bible Camp.

Forms must be turned into the church office, NOT the camp.