

CAMP GRACE

An Adventure that Lasts a Lifetime!

Children's Bible Ministries/Camp Grace
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2009 Summer Camp Scholarship Application

This Section to Be Completed by Camper or Camper's Parent/Guardian.

This request is being made for which week of camp? Write the dates here: _____

Camper's Name: _____ Gender: Boy Girl

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Camper's Age: _____ Grade Entering in Fall: _____

Has this child ever attended Camp Grace before? _____ Day Camp Overnight Camp

Are you currently attending a local church? _____

If so, please give name of church: _____

Parent/Guardian Signature

Printed name of Parent/Guardian

This Section To Be Completed By Your Pastor or Church Official.

Scholarships are intended to help those who might be financially excluded from attending camp; and are granted to those who need financial assistance beyond what is available from their local church.

Does this camper meet those criteria? ? Yes No
Amount the local Church will pay \$ _____
Amount camper's Parent/Guardian will pay \$ _____
Amount of Scholarship request \$ _____

Pastor's Name printed: _____ Phone: _____

Pastor's Signature: _____

- ☺ Please attach a letter from child stating why he/she wants to attend Camp Grace.
- ☺ Submit this completed form with a Summer Camp Registration Form & \$30 deposit.

***Applicants will be notified within two weeks after submitting their application
whether or not any scholarship money has been approved.***