

CAMP GRACE

Children's Bible Ministries of the Mid-Atlantic, Inc.
145 Grace Drive Fairmont, NC 28340

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Scholarship Application Summer Camp 2010

All 2009 campers must have completed the Correspondence Lessons to be considered for additional scholarship.

To Be Completed by 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

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 of Scholarship request \$ _____

Pastor/Church Official Signature

PRINTED name of Pastor/Church Official

To Be Completed By Child & Parent/Guardian

- ☺ Attach a letter from the child stating why he/she wants to attend Camp Grace.
- ☺ Submit this completed form with a *Summer Camp Registration Form* & \$45 deposit.

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