

Applicant Information:

Name (First,Middle,Last) _____ Bithdate _____ Sex _____ Age _____

Parent(s) or Guardian(s) _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

Email Address _____

Reference:

Name of Applicant's Congregation & Pastor _____

(If applicant does not attend church, please list another reference –not a family member.)

Address _____ City _____ State _____ Zip _____ Phone _____

Email Address _____

Please list other camps the applicant will attend this summer:

1. Name of Camp: _____

Location: _____

Reason for Attending: _____

Dates: _____

2. Name of Camp: _____

Location: _____

Reason for Attending: _____

Dates: _____

Please consider awarding a camp scholarship to this child because:

Signature of Parent or Guardian

Date