

CAMP SCHOLARSHIP APPLICATION

At Vansickle Baptist Church, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship on the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to, help you.

CONTACT INFORMATION

Student's Full Name: _____

Parent(s) Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

SCHOLARSHIP INFORMATION

1. Event for which you are requesting scholarship: _____

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

3. How long have you attended Vansickle Baptist Church? _____ Are you a member? yes no

4. How much will you be able to pay for this activity? _____

5. Are you involved in any other ministries at Vansickle Baptist Church?

6. Would you be willing to make monthly payments before camp begins? yes no

If yes, how much do you think you could afford on a monthly basis? _____

7. Would you be willing to volunteer (e.g. office work) for the church to provide for your scholarship? yes no

(Student's Signature)

(date)

(Parent's Signature)

(date)

FOR OFFICE USE ONLY:
Date received: _____
Amnt paid: _____
Total scholarship: _____
Approval: _____
Total Paid back: _____

