

Application for Bible Club Camp Scholarship

Person requesting scholarship:

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Name of Child who needs a scholarship:

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Please briefly explain the reason you are requesting a scholarship:

How much can you pay in **addition** to the **required** registration fee of **\$100.00**? \$ _____ (Total Camp fee is \$225.00)

What church if any, do you attend? _____

Name of Pastor - _____

Phone # of Pastor - _____

Please mail your request to the address below as soon as possible. Scholarships will be considered by a first come first served basis. We may need to contact you or your Pastor for more information. You will be notified of the status of your scholarship request.

Mr. Larry Betts
3752 Beeman Hollow Road
Addison, NY 14801-9712