



Scholarship Application for Children and Youth to Attend a Christian Camp

APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

Applicant Information

Full Name: _____ Age: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Phone: _____ Email _____

Church Making Request: _____

Scholarship Screening Committee consists of the following:

1. Associational Mission Strategist
2. Baptist on Mission Director
3. Clerk
4. Community Engagement Director
5. Moderator
6. Treasurer
7. WMU Director

Church Applicant is a Member of: _____

Camp Information

Name of Camp: _____

Location of _____

Date Camp Begins: _____ Date Camp Ends: _____

Purpose of Trip: _____

Please describe the **specifics** of your financial need to help our Screening Committee determine how the need ranks with other requests:

Please specify other amounts invested in this effort

Total Cost:	\$
Amount Invested by Applicant	\$
Amount Invested by Church	\$
Amount Donated by Relatives/Others	\$
Other Sources	\$
Amount of Assistance Church Requests from Association (\$150.00 maximum amount)	\$

SCHOLARSHIP GUIDELINES

- These scholarships are for children who attend a **financially-supporting** CBA church that need financial assistance to attend a Christian camp. Scholarships are for children only (no chaperones).
- Scholarship grants shall not exceed half of the cost of the camp, or the \$150.00 maximum grant amount. One grant per child is permissible per calendar year.
- Applications must come from and be **VOTED** on by a CBA church and be **SIGNED** by the parent/guardian **AND** senior/student pastor.
- Scholarships must be turned in by **MAY 1** of each year to be considered. Any requests outside of this time frame will be evaluated on a case-by-case basis.
- All requests will be prayerfully considered on a case-by-case basis and are subject to approval of the Leadership Team and availability of funds. **Scholarships should only be requested if a financial need exists. It is the responsibility of the church/pastor to determine and confirm this need.**
- Scholarships are for the applicant only. If not used for the approved purpose, the funds are to be returned. If the purpose/intent changes, please call the association office as soon as possible for consideration/approval of changes.

We attest by our signatures below that the above information is true and accurate and that a legitimate need exists.

Parent/Guardian Signature: **X** _____ Date: _____

Parent/Guardian Printed Name: _____

Senior Pastor/Student Pastor Signature: **X** _____ Date: _____

Senior Pastor/Student Pastor Printed Name: _____ Phone: _____