



OFFICE USE ONLY	
Date Received by CBA:	
DEADLINE TO TURN IN SCHOLARSHIPS: MAY 1	

Scholarship Application for Christian Camps

APPLICANT INFORMATION

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

Address: _____
 Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Church Applicant is a Member of: _____

Church Making Request: _____

CAMP INFORMATION

Name of Camp: _____

Location of Camp: _____

Date Camp Begins: _____ Date Camp Ends: _____

Please specify other amounts invested in this effort	
Total Cost:	\$ _____
Amount Invested by Applicant	\$ _____
Amount Invested by Church	\$ _____
Other Donations/Contributions	\$ _____
Amount of Assistance Church Requests from Association (\$150.00 maximum amount)	\$ _____

Please explain the specifics of your financial need/hardship. This factor is vital to the consideration of your application.

SCHOLARSHIP GUIDELINES

These scholarships are for students through 12th grade who attend a CBA church, who need financial assistance to attend a Christian camp. **Scholarships are for students only** (no chaperones). **One grant per child is permissible per calendar year.**

Scholarship grants shall not exceed half of the cost of the camp, or the \$150.00 maximum grant amount.

Applications **must** come from and be **VOTED** on by a CBA church and be signed by the parent/guardian and senior/student pastor.

Scholarship applications for summer camps must be turned in by May 1 of each year to be considered. Any other requests that fall outside of the summer camp season 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.

By signing this form, I, the parent/guardian verify that the above information is true and accurate and that a legitimate need exists.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____

By signing this form, I, the senior/student pastor verify that this student has a legitimate financial hardship and needs these scholarship funds to be able to attend camp.

Senior Pastor/Student Pastor Signature: _____ Date _____

Senior Pastor/Student Pastor Printed Name: _____

Please keep a master copy of this application for future use or access it online at www.cbanc.org