

Bible Camp Financial Aid Request

Number of campers: _____

Camper(s) Names: _____

Parent/Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Email address: _____

Home Church: _____

Pastor: _____ Phone #: _____

Have you requested your church provide assistance? Yes ___ No _____

Father Employed? Yes _____ No _____ Part Time:___ Full Time:_____

Mother Employed? Yes _____ No _____ Part Time: ___ Full Time: _____

Provide reasons/explanations of why financial aid is being requested:

Request(s) will be reviewed by selected members of the Bible Camp committee. The committee reserves the right to contact pastor of the referenced church for information.