

Faith Lutheran Church Bible Camp Scholarship Application



PLEASE COMPLETE ALL QUESTIONS

CONTACT INFORMATION

Camper Name(s): _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Camp Program your child is attending: _____

Cost of Camp Program your child is attending: _____

SCHOLARSHIP INFORMATION

1. Have you received a scholarship from Faith Lutheran in the past? _____
2. Total number of children going to camp: _____
3. Scholarship amount you are requesting: _____
4. Will you be applying for a scholarship from GLLM? _____

Parent/Guardian signature: _____

Please return this form with a copy of your camp registration form.

If you have any questions – please contact the church office at office@faithspicer.org or 320-796-2522.