

Faith Lutheran Church Bible Camp Scholarship Application

PLEASE COMPLETE ALL QUESTIONS

CONTACT INFORMATION

Camper Name: _____

Second/Third camper names: _____

Parent/Guardian Names: _____

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. How much are you able to pay for a week of camp? _____

4. Scholarship amount you are requesting: _____

5. Will you be applying for a scholarship from GLLM? _____

6. How will your child benefit from going to camp? _____

Parent/Guardian signature _____

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

**If you have any questions – please contact James at education@faithspicer.org or
Pastor Todd for grades 5th-12th at toddn@faithspicer.org or 796.2522.**