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

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| **Scholarship Application for Christian Camps** | | | | | | |
| **APPLICANT INFORMATION** | | | | | | |
| **Full Name: (Last, Middle Initial, First)** | Click or tap here to enter text. | | **Age:** | Click or tap here to enter text. | | |
| **Full Address: (Street, City, State, Zip Code)** | Click or tap here to enter text. | | | | | |
| **Phone: (Preferred Phone)** | Click or tap here to enter text. | | **Email:** | Click or tap here to enter text. | | |
| **Church Applicant is a Member of:** | Click or tap here to enter text. | | | | | |
| **Church Making Request:** | Click or tap here to enter text. | | | | | |
| **CAMP INFORMATION** | | | | | | |
| **Name of Camp:** | Click or tap here to enter text. | | | | | |
| **Location of Camp:** | Click or tap here to enter text. | | | | | |
| **Date Camp Begins:** | Click here to choose date | | **Date Camp Ends:** | Click here to choose date | | |
| **Please explain the specifics of your financial need/hardship. This factor is vital to the consideration of your application.** | Click or tap here to enter text. | | | | | |
| **Please specify other amounts invested in this effort:** | **Total Cost:** | | **$**Click or tap here to enter text. | | | |
| **Amount Invested by Applicant:** | | **$**Click or tap here to enter text. | | | |
| **Amount Invested by Church:** | | **$**Click or tap here to enter text. | | | |
| **Other Donations/Contributions:** | | **$**Click or tap here to enter text. | | | |
| **Amount of Assistance Church Requests from Association ($150.00 maximum amount):** | | **$**Click or tap here to enter text. | | | |
| **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:** | Click here to choose date |
| **Parent/Guardian Printed Name:** | | Click or tap here to enter text. | | | | |
| ***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/Student Pastor Signature:** | |  | | | **Date:** | Click here to choose date |
| **Senior/Student Pastor Printed Name:** | | Click or tap here to enter text. | | | | |
| ***\*Please keep a master copy of this application for future use or access it online at*** [***www.cbanc.org***](http://www.cbanc.org) ***.\**** | | | | | | |