



Student Ministry

SCHOLARSHIP REQUEST FORM

(Due upon final registration date)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Small Group Leader: _____ Phone: _____

Amount Requested: \$ _____ **Please Note: Because of limited funds, half scholarships are the maximum available.*

Briefly explain why you want to go to camp: _____

Briefly explain your reason for requesting a scholarship: _____

Will you still attend camp without a scholarship? _____

Describe your involvement in IBC Student Ministry: _____

YOU MUST HAVE YOUR PARENT/GUARDIAN AND SMALL GROUP LEADER OR STAFF MEMBER THAT KNOWS YOU BEST SIGN BELOW:

"I have talked with this student and he/she does have a genuine need for a camp scholarship."

X _____
Parent/Guardian (Please Print)

Parent/Guardian (Signature)

X _____
Small Group Leader (Please Print)

X _____
Small Group Leader (Signature)

Office Use Only

Scholarship Amount: \$ _____

Balance Due: \$ _____

Contacted: _____