

**Main Street Kidz Ministry  
Bacon Heights Baptist Church  
Older Children's Camp Scholarship Application**

**Date:** \_\_\_\_\_

**Grade in School:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

I am requesting \_\_\_\_\_ in scholarship money. I understand that there is a \$50.00 good faith deposit to be turned in with this scholarship application. I commit to turn in my camp registration/release forms in a timely manner. If I cancel my camp reservation after June 1<sup>st</sup>, I understand that my \$50.00 good faith deposit will be forfeited. If I attend camp as planned, my \$50.00 will be returned to me. I understand and agree to the terms of this scholarship application.

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**Signature of Parent/Guardian**

**Date**