



New Life Bible Camp

Scholarship Application

New Life is pleased to provide scholarship assistance for campers who qualify. Scholarships are available through the E.B. & Peg Donaldson Memorial Fund. The individuals who give to this fund realize that a week in a positive Christian environment can be an invaluable, life-challenging experience. New Life Bible Camp seeks to distribute these funds with fairness and discernment. Requests are reviewed on a first-come, first-serve basis.

If for some reason the scholarship is not granted, a full refund of the registration deposit may be requested. You will receive notification in approximately a week to ten days advising you whether or not your application has been approved.

Camper Information

Application Date: _____

Last Name: _____ First Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Week(s) of Camp: _____

Household Information

Parent/ Guardian Name: _____ Number of Children in the Home: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Attending Church (If Any): _____

Pastor's Name (If Any): _____

Scholarship Request

Amount of Camp Fees Requested: 100% of Balance (*minus \$25 Deposit*) 50% of Balance (*minus \$25 Deposit*)

Reason for request of scholarship (use reverse side if necessary):

Sign & Mail

You should have already completed an online registration or a paper registration form along with a \$25 deposit. If not, please include a paper registration with this application. Your application for Scholarship is not complete without your registration and the \$25 deposit.

If approved, we will be asking you to write a "Thank You" note to those who made it possible for your child/children to attend camp. We wish to thank contributors to the E.B. & Peg Donaldson Memorial Fund.

Please Check One:

- I have already registered online or by mail and sent a \$25 Deposit
- I have already registered by mail but haven't paid the \$25 Deposit yet. I am paying it now. Check # _____
- I am submitting a paper registration and a \$25 Deposit along with this Application: Check #: _____

Signature of Parent/Guardian: _____ Date: _____