Trinity Falls Creek Scholarship Application

FORMS MUST BE TURNED IN BY JUNE 1ST FOR CONSIDERATION

Student Name		
Parents'/Guardians' Names		
Address		
City State Zip		
E-Mail		
Home Phone Cell Phone		
Last Completed School Grade $_$ \Box First Time Camper \Box Returning Camper		
Camp Name FALLS CREEK Camp Dates: JULY 1^{ST} - 6^{TH} Price of Camp \$150.00 Attend Church Activities Regularly \square Yes \square No		
What part of the camp tuition will you be able to provide?		
(Circle One) \$20 \$40 \$60 \$80 \$100 other \$		
Please explain your student's need for a scholarship:		

Each scholarship application will be reviewed by ministerial staff and distributed based on financial need and current involvement in the ministries of (Trinity Baptist Church.)

Student Form

Students should answer the following in their own hand writing.		
1. Why do you want to go to camp?	(Two sentences minimum)	
2. If you've been to camp, what did	you learn at camp?	
3. What do you think will be fun an	d what do you hope to learn at camp this year?	
Pray about these things:		
Thank God for the opportunity to go to camp.Ask God to prepare your heart for a great week of camp.		
- Ask God to help you tell a friend ab	out church, Sunday School, and camp.	
Camper's Signature	Date	
Parent's/ Guardian's Signature	Date	