



Date Received by CBA:	_____
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DEADLINE TO TURN IN SCHOLARSHIPS: MAY 1

Scholarship Application for Christian Camps

Applicant Information

Full Name: _____ Age: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Church Making Request: _____

Church Applicant is a Member of: _____

Camp Information

Name of Camp: _____

Location of Camp: _____

Date Camp Begins: _____ Date Camp Ends: _____

Purpose of Trip: _____

Please describe the specifics of your financial need to help our Screening Committee determine how the need ranks with other requests:

Please specify other amounts invested in this effort	
Total Cost:	\$ _____
Amount Invested by Applicant	\$ _____
Amount Invested by Church	\$ _____
Amount Donated by Relatives/Others	\$ _____
Other Sources	\$ _____
Amount of Assistance Church Requests from Association (\$150.00 maximum amount)	\$ _____

Scholarship Guidelines

These scholarships are for children who attend a CBA church that need financial assistance attending a Christian camp. Scholarships are for children 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.

Scholarships must be turned in by **MAY 1** of each year to be considered. Any requests outside of this time frame 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.

We attest that the above information is true and accurate and that a legitimate need exists.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____

Senior Pastor/Student Pastor Signature: _____ Date _____

Senior Pastor/Student Pastor Printed Name: _____

**Bring in your application, or scan and email to cba1877@gmail.com.*

*****APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED*****