

WTD Camp Scholarship Application

Must be postmarked no later than April 30

Camper's Name _____

Current Grade _____ Church _____

Parent's Names _____

Address (street, city, zip) _____

Email _____

Phone Numbers _____

Pastor's Name _____

Church Address (street, city, zip) _____

Email _____

Phone Numbers _____

Pastor Completes

1. Circle the camp this camper would attend.

CRAVE(NYI) – (entering 7th – completed 12th grade)

ACTIVATE kids camp – (completed 1st-6th grade)

2. How long has this camper been a part of your ministry?

3. Why are you recommending this camper for a scholarship? Please list any significant issues if applicable (ie. illness in family, single parent home, etc.)