

CONGREGATIONAL SCHOLARSHIP FOR FLATHEAD BIBLE CAMP

Camp Year _____

Name of Child(ren) Attending:

Name of Parent or Legal Guardian _____

Address _____

Daytime Phone _____ Evening or Cell Phone _____

Registration Cost per child _____

Other camp scholarship(s) received _____

Camp Date(s) Attended _____

I certify that my child(ren) attended or will attend Flathead Lutheran Bible Camp on the dates noted above.

Signed _____ Dated _____
Signature of Parent or Legal Guardian

FOR CHURCH USE ONLY

Scholarship amount awarded per child _____

TOTAL SCHOLARSHIP AMOUNT _____

Check # _____ Date _____