



Camper Scholarship Application

Parent / Guardian

Policy: There are funds available to cover up to 50% of the full registration cost of youth camps. Scholarships are awarded based on (a) household size, (b) income level, and (c) recommendation of a reference (i.e. pastor, youth pastor, Sunday school teacher, school teacher, school guidance counselor). Cases are handled individually, with special consideration for extenuating circumstances. Applications will be reviewed and the parent/guardian will be notified if a scholarship is awarded.

Name of Camper _____

Camp Week Attending and Date _____

Parent / Guardian _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Household Size _____

Briefly describe any special circumstances that we should be aware of in considering your request.

Parent / Guardian Signature _____ Date _____

Please complete and return form. Mail: 7718 Twin Lakes Road / Manson, IA 50563
Email: info@twinlakesbiblecamp.com ---- Fax: 712.297.7755 ---- Phone: 712.297.7714



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Reference Form

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Name of Applicant _____

How long have you known this person? _____

Under what circumstances? _____

Describe the level of the applicant's financial need. _____

Do you recommend the applicant receive financial assistance? YES _____ NO _____

Please provide your contact information.

Name _____

Title / Position _____ Church / School _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date _____