

Central Baptist Association
**Summer Camp Scholarship
Application**

Date: _____

Name of Camper: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Member of/Sponsored by (Church Name): _____

City: _____

I am requesting __ Full/ __ Partial Assistance for Summer Camp _____ (Yr)

The reason is: _____

Recommendation from Pastor, Camp Ministry or Associational Leadership Team:
(to be filled in by them or letter attached. _____

Before June 14th, Mail completed form to:

Central Baptist Association, 1255 S. Lake Ridge Ave., Decatur, IL 62521

If you haven't heard anything by July 1st, please call the CBA office at (217) 428-1730
or email at cbaofficedecatur@sbcglobal.net

For Office Use Only:

Full Scholarship Y N Partial Assistance: \$ _____

___ **Application Approved**

Approved by: _____

___ **Application Denied**

Reason: _____