



## Elizabeth Grove Scholarship – Bible Camp Fund Application

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Camp you wish to attend: \_\_\_\_\_

Date(s) of camp: \_\_\_\_\_

Cost of camp: \$ \_\_\_\_\_

Have you used the Elizabeth Grove Fund before? Yes No

I am requesting a camp scholarship for my child who is attending a Christian camp during the summer of 2024. I understand that neither St. Matthew's Lutheran Church, nor its staff, nor its members are responsible for any injury or loss incurred while attending the above-named camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

- **Return this form to the church office no later than 2 weeks before your camp begins.**
- **Families are responsible for all pre-registration or deposit fees, and these are non-refundable.**