

STONY GLEN BRIGADE CAMP
APPLICATION FOR CAMP SCHOLARSHIP 2010

Applicant's Name: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Parent's E-mail: _____

Church: _____ Pastor's Name: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Church Phone (_____) _____ - _____

Does the church have a Christian Service Brigade Program? Yes _____ No _____

If so, is the Applicant a current registered member of that program? Yes _____ No _____

How many persons are in your household? _____ What is your yearly household income? _____

STONY GLEN BRIGADE CAMP'S SCHOLARSHIP POLICY

1. We believe the church is God's primary instrument as shown in Ephesians 1:22 and Colossians 1:18. For this reason, we ask that the church leadership be informed of the need and have the first opportunity to meet the need. This includes the Brigade leaders if the applicant's church runs a Brigade program.
2. If a need remains, the Brigade Camp Committee will review this application and determine if it is able to assist and for how much. Generally, the amount will not be enough to cover the full camp fee.

Have you contacted your church leadership about the need for camp assistance? Yes _____ No _____

What was their response? _____

Explain why you are in need of financial assistance:

How much financial assistance are you applying for? \$ _____

For which camp week/program are you planning on signing up? _____

Parent/Guardian's Signature _____ Date _____

mail to: **Dale Kinkade**
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Leavittsburg, OH, 44430
For further information, contact **Dale Kinkade** at **(330) 898-2137**