



# Bethlehem Lutheran Church Camper Scholarship Application



Camper Name: \_\_\_\_\_ Grade entering \_\_\_\_\_

Church Camp attending: \_\_\_\_\_ Dates: \_\_\_\_\_

It is Bethlehem's intent to make Church Camp affordable so every child gets to go to camp.

How much money are you requesting? \_\_\_\_\_

How would you like to receive your campership?

Please reimburse me. (Please attach payment receipt)

Please mail the scholarship directly to camp



Camp Mailing Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_



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