

**BEMIDJI COVENANT CHURCH
CAMP SCHOLARSHIP REQUEST FORM**

Child's Name: _____

Address: _____

Phone Number: _____

Week of Camp Requested for: _____

Amount Requested: _____

Scholarship Requested for:

_____ Deposit (\$25)
(must turn registration form into the church if requesting deposit)

_____ Bus (\$20)

_____ Part or all of Balance
Amount Requested \$_____

I want to take advantage of the \$50 Youth Grant
(for the first 8 signing up in each week of Explorers,
Navigators and Highlanders)