# 2009 SCHOLARSHIP APPLICATION

Last name: _____ First_____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Birthdate: _____ Age: _____

Grade Completed: _____

Church Member? _____ or Regular Attender? _____

Camp Attending:

__Koinonia/GEMS __Brigade Camp (Stony Glen)
__Work Project __Nat'l Youth Conf.
__ Kirkwood __Other

Beginning/Ending Dates of Camp: _____

CAMP FEE: $_____

SCHOLARSHIP AMOUNT*: $_____

*The Board of Christian Education will grant scholarships for the camps listed above for members and regular attenders of Karl Road Baptist Church. One-half of the fee up to $120 will be given for scholarship.

**Please mail Camp Registration form**
**and registration fee directly to the camp.**

This Scholarship Application may be mailed to the Church Office:

Karl Road Baptist Church
**CAMP SCHOLARSHIP**
5750 Karl Road
Columbus, Ohio 43229.