

Victory Bible Camp Scholarship Application

SCHOLARSHIP INFORMATION (Must be complete)

Full Name of Applicant: _____

Date of Birth: _____ Age: _____ Grade Completed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

What church do you attend? _____

Are you a member? Yes No

Father's Name: _____

Mother's Name: _____

Father's place of employment: _____

Mother's place of employment: _____

Father's Work #: _____

Mother's Work #: _____

Number of Brothers: _____ Number of Sisters: _____

Which week do you need a scholarship? Jr. Week Teen Week

How much of the \$175 fee can you contribute: _____

Comments: _____

Parents Signature: _____

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