

WORD OF LIFE FELLOWSHIP, INC.

Don "Robbie" Robertson
Needy Camper Scholarship Application

Date of Application:		Camp: <input type="checkbox"/> Junior (ages 6 – 12) <input type="checkbox"/> Teen (ages 13 – 18)	
Camper Name:		Church Name:	
Camper Address:			
Phone Number: () -		Age (at camp):	Gender: Date of Birth: / /
Annual Family Income: <input type="checkbox"/> under 10,000 <input type="checkbox"/> 10,000-20,000 <input type="checkbox"/> 20,000-30,000 <input type="checkbox"/> over 30,000 (Please attach a copy of page 1 of your 1040 for the current year)			
Parent or Sponsor:			
Relationship to Camper:			
Address (if different than camper):			
Phone Number (if different than camper):			
Brief Explanation/Description of Need: (print or type)			
Has camper previously received a Needy Camper Scholarship?		If so, how many years?	
WEEK REQUESTING: <i>(Date Arriving / Departing)</i>		First Preference: _____ Second Preference: _____	
MAIL COMPLETED FORM TO:		WORD OF LIFE FELLOWSHIP, INC. NEEDY CAMPER SCHOLARSHIP 13247 Word of Life Drive Hudson, FL 34669	
OR FAX TO:		727-379-5063	

OFFICE USE ONLY

Amount Awarded: \$_____ Partial \$_____ Full \$_____ Other

(Please initial before the approved amount.)