

CAMP AND RETREAT SCHOLARSHIP APPLICATION FOR CHILDREN

Name _____ Address _____
City _____ State & Zip _____
Age: _____ Grade: _____
Parent Name: _____
Phone(s) Home _____ Cell _____
E-mail _____
Name/Location of Church Membership _____

Which camp do you plan to attend? (Circle one.)

Bear Creek Camp

Camp Tanako

Mount Eagle

Shoal Creek Camp

Wayland Spring Camp

Camp Title: _____ Date of Camp: _____

**10 scholarships in the amount of \$50 are available on a first come, first serve basis during the 2016 year.

**Scholarship funds will be paid to the camp directly upon the recipient's confirmed registration.

Return this application to:

Michelle Moore
michelle.moore@arumc.org
800 Daisy Bates Drive
Little Rock, AR 72202