



590 Wigwam Way  
 Fairbanks, AK 99712  
 Victory Ministries of Alaska

**APPLICATION FOR CAMP SCHOLARSHIP**

Camper's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Number of children/dependents living at home \_\_\_\_\_

Annual family income, including AK Dividends \_\_\_\_\_

Camp Session desired \_\_\_\_\_ Cost \_\_\_\_\_

Amount of money you can put toward the camp \$ \_\_\_\_\_

*Because of limited amount of scholarship money, we want to be able to give as many children a chance at camp as we can. Therefore, the scholarship amounts being granted **will not be for the full amount.***

\*Please write a brief statement as to the reason for the need (use an additional sheet of paper if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List two people whom we could contact as references regarding this application, including address and telephone number for each.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED AND REVIEWED.**

**If you are approved for a scholarship, \$50 non-refundable registration fee must be paid before scholarship funds are applied to the account.**