

CAMP TALLOWOOD 2009
SCHOLARSHIP ASSISTANCE NEEDED

NAME _____ LAST GRADE COMPLETED _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ SCHOOL _____

E-MAIL ADDRESS _____ CELL PHONE _____

I am a member of Tallowood Baptist Church.

I am a member of _____ Church.

I am not currently involved in a church.

ASSISTANCE

We will be happy to help you with scholarship assistance if needed. We simply ask that you pay as much as you can toward the \$289.00 camp cost. We feel like everyone can pay at least half of the cost. Please indicate below how much you will be able to pay. No scholarships will be granted after May 17th (first deadline)

\$140 (minimum) \$180 \$200 \$220

Other amount: _____

Parent / Guardian signature _____

**Please return to the Student Ministry Office
no later than May 17th.**