



Scholarship Application

Scholarships are for IBA Church Members only
Please use black or blue ink

Child's Name _____

Grade Completed _____ Gender _____

Parent/Guardian Name _____

Home Phone _____ Cell or Work Phone _____

Email _____

Church Name _____

Pastor (or Church Leader) Name _____

Phone _____ E-mail _____

Will you receive any other financial assistance for camp? _____ If so, how much? _____

Where is the other assistance coming from? _____

Parent/Guardian Signature _____ Date _____

Please return this form to your church leader unless otherwise directed.

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