



Scholarship Application

Scholarships are for **IBA Churches** only, if you are part of another group, please email us at pacamp.iba@gmail.com.

Child's Name: _____
First M. I. Last

Grade Completed: _____ Date of Birth: _____ Biological Gender: _____

Parent/Guardian Name: _____
First M. I. Last

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Church Name & City: _____

Pastor (or Church Leader) Name: _____

Phone: _____ Email Address: _____

Will you receive any other financial assistance for camp? _____

If so, how much? _____

Where is the other assistance coming from? _____

Parent/Guardian Signature: _____ **Date:** _____

Return this form to your church leader unless otherwise directed

Interstate Baptist Association
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