



# 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.

Interstate Baptist Association  
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