

To Be Completed by PARENT or GUARDIAN:

Summer Camp Financial Aid Application

This form is confidential and will only be seen by necessary Kenbrook staff.

Name of Child:	Age:	Date of Birth:	Gender:
Name of Parent/Guardian:			
Address:			
City:	State:	Zip Code	:

Address:			
			Zip Code:
Phone:	Email Address:		Grade Completed:
Camp session applicant desires to attend:			Date of camp session:
Has the applicant	been to Kenbrook before?	If so, w	hen?
Has the applicant	received financial aid from Ke	nbrook before?	
How do you hope	your child will be impacted by	their time at Kenbr	ook?
What is your annu	ual household income?		
Briefly describe th	e circumstances that make as	sistance necessary:_	
How much can yo	u personally contribute to you	ır child's camp expe	rience?
Parent/Guardian S	Signature:		Date:

To be completed by the local church PASTOR/LEADER or CIVIC ORGANIZATION LEADER:

Church/Organization Name:				
Pastor/Leader Name:				
Address:				
City:				
Phone:	_Email Address:			
Do you believe that this child/family is in financial need?				
What amount will your church/organization contribute toward this applicant's registration cost?				
Signature:	Dat	e:		

For Kenbrook Office Only:	
Date Received:	
Amount Approved:	
Date Approved:	
Approved by:	
Signature:	
Tier A Cost:	\$
Discounts Applied:	-\$
Deposit Paid:	-\$
Church/Org Contribution	-\$
Kenbrook Financial Aid	-\$
Balance Due:	\$

Please register online at Kenbrook.org. Select the Tier A cost for camp and pay the initial \$60 deposit. (The deposit will be refunded in the event that sufficient funds are not available for the child to attend camp.)

Return this completed form to: **KENBROOK BIBLE CAMP 190 PINE MEADOW ROAD LEBANON PA 17046**

Form may also be emailed to info@kenbrook.org or faxed to 717-865-0995.