

First Baptist Church Rio Vista

Camp Scholarship Request Form

Thank you for registering your child for Camp. We are committed to making our programs accessible to all families. If you need financial assistance, please complete this form. All information will be kept confidential.

Parent/Guardian Information

Full Name: _____

Phone Number: _____

Email Address: _____

Camper Information

Child's Full Name: _____

Age: _____

Grade (Completed): _____

How many other children live in your household (excluding those attending camp)? _____

Scholarship Request Details

How much of the camp deposit are you able to pay (or any?)

\$ _____

How much of the balance of the camp cost are you able to pay (or any?)

\$ _____

Please briefly explain your need for financial assistance:

Signature: _____ Date: _____