

Long Hollow Baptist Church

Student Ministry Scholarship Application and Agreement

Parent(s)/guardian of the child applying for scholarship will fill out this application and agreement.

1. Parents Name _____

Student Name _____

2. Which event will your student be attending? _____

3. Your student will be attending with the (circle one):

Hendersonville Campus

Gallatin Campus

White House Campus

4. Is your student in: (circle one): Middle School High School

5. Payment Agreement

A. I will be able to pay \$_____ and need to apply for a partial scholarship to cover the balance. I understand I will be responsible to bring this balance at registration.

B. _____ I need assistance for the full balance of Camp.

Parent/Guardian Signature _____ Date _____

Cell or Home Contact _____ Email _____