



**CAMPER SCHOLARSHIP REQUEST
2024 Season
Website: campwyoba.org**

**To ensure funding on
time please return form
by email or mail by June
15, 2024 to:**

**Email:
lparliament@abcrm.org**

**Address:
9085 E Mineral Cir
Ste 170, Centennial, CO
80112**

CAMPER – Please print legibly

Last Name: _____ First Name: _____ MI: _____

Phone: () _____ Grade Completed: _____ Gender: Male Female

Parent's Name: _____

Best Contact Phone: () _____

E-mail: _____

Church: _____

Pastor: _____

Have the camper share below: What are you most excited for about going to camp? Tell us more about your desire to attend camp. Please attach another sheet if additional space is needed.

SCHOLARSHIP WORKSHEET

Camper Fees (see Registration Page on Camp website)		\$
Local Funds for Camping		
Family contribution to camp (How much you can pay)	\$	
Local church scholarship	\$	
Other local funds if available (fundraising, gifts, etc.)	\$	
Total Local Funds available for camping	\$	
Request for WYOBA Scholarship (subtract "Total Local Funds" from Total Fees)		\$

Parent/guardian signature: _____ Date: _____

Reviewed by: _____ Date: _____

ABWM fund WYOBA fund