

Happy Hollow Bible Camp

Encouraging future generations of faithful Christians

Financial Assistance Application

Fill out all requested information below. Scholarships are limited and considered on a first-come basis.

Name _____ Age _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Phone Number _____ (circle 1) cell home work

I attend church regularly at: _____

Last school grade completed by the camper _____

If you have been baptized by immersion, give date of baptism

_____ Session you wish to attend and apply for assistance

1st Overnight, (Sullins) 2nd Day Camp (Buckner) 3rd Overnight (Baggett) 4th Overnight (McNeese)

5th Day camp (Heavin) 6th Day Camp (Kibby) 7th Overnight session (Morrison)

8th Overnight (Green)

Have you applied for financial assistance before? No Yes If yes, last date applied _____

Why would you like to attend Happy Hollow Bible Camp on a financial assistance scholarship?

Signature of Applicant _____ Date _____

All information is kept confidential. Mail the completed form to: Happy Hollow Bible Camp, 334 East Kearney, Box 101, Springfield, MO 65803 or email to your session director