

# Happy Hollow Bible Camp

Encouraging future generations of faithful Christians

## Financial Assistance Application

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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

Circle the session you need assistance      1    2    3    4    5    7    8    9    10    11

Name of director for session \_\_\_\_\_

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