



WORD OF LIFE FELLOWSHIP, INC.
Don "Robbie" Robertson
2009 Needy Camper Scholarship Application

Date of Application: _____

CAMP: ___ **Ranch:** Deputies/Sheriffs (ages 6-10) ___ **Ranch:** Rangers (ages 11-12)

___ **Island:** Age 13-18 (Grade 7-12 or just completed Grade 12) ___ **FL Youth Camp:** Age 6-18

Camper Name:

First _____ Last _____

Camper Address: _____

Camper City, State, Zip: _____

Phone Number: (____) _____

Age (when attending camp): ____ Date of Birth: ____ / ____ / ____.

Annual Family Income: ____ under 10,000 ____ 10,000-20,000 ____ 20,000-30,000 ____ over 30,000
(Please attach a copy of page 1 of your most recent 1040 tax return.)

Sponsor: _____

Relationship to Camper: _____

Address (if different than camper): _____

Phone Number (if different than camper): _____

Brief Explanation/Description of Financial or Spiritual Need: (print or type) _____

Has camper previously received a Needy Camper Scholarship? _____ If so, how many years? _____.

IMPORTANT: DO NOT SEND MONEY OR REGISTRATION INFORMATION WITH THIS SCHOLARSHIP APPLICATION. AMOUNT AWARDED DOES NOT INCLUDE THE \$75 CAMP REGISTRATION FEE.

MAIL COMPLETED FORM TO: WORD OF LIFE FELLOWSHIP, INC.
NEEDY CAMPER SCHOLARSHIP
P.O. BOX 600
SCHROON LAKE, NY 12870

OFFICE USE ONLY

Amount Awarded: _____ Partial _____ Full _____ Other (\$)
(Please initial before the approved amount.)