

University Heights Baptist Church  
**CAMP SCHOLARSHIP APPLICATION**

**MOTHER/FEMALE GUARDIAN'S INFORMATION**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**FATHER/MALE GUARDIAN'S INFORMATION**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

**REFERENCE**

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Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

**INFORMATION ON CHILDREN WHO WILL BE ATTENDING**

Name	Age	Birthday	School Grade Fall 2009

**EXPLANATION OF NEED**

Please give a brief explanation of your need for this scholarship:

**AUTO LOANS**

Auto loans	Account no.	Balance	Monthly payment

**OTHER LOANS, DEBTS, OR OBLIGATIONS**

Description	Account no.	Amount

**OTHER ASSETS OR SOURCES OF INCOME**

Description	Amount per month or value

I authorize University Heights Baptist Church to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Signature of co-applicant

Date

Half tuition scholarships are available after determination of need has been verified. Remaining tuition must be paid in full no later than June 30, 2009 or registration will be cancelled and scholarship revoked. Scholarship application must be returned to University Heights Baptist Church, 1010 S. National Ave., Springfield, MO 65804 no later than May 31, 2009. Notification will be sent within 2 weeks of application completion.