

# CAMP OZONE

Children's Bible Ministries

232 Camp Ozone Road Rockwood, TN 37854 [cbm@campozone.org](mailto:cbm@campozone.org) 865-245-9050 [www.campozone.org](http://www.campozone.org)

## Scholarship Application

Summer Camp 2021

### PART I

#### To Be Completed by Parent/Guardian

This request is being made for which week of camp? Write the dates here: \_\_\_\_\_

Camper's Name: \_\_\_\_\_  Boy  Girl

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Camper's Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Has this child ever attended Camp Ozone before? \_\_\_\_\_

Do you currently attend a local church? \_\_\_\_\_ Name of church: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
PRINTED name of Parent/Guardian

Amount family will pay: \$ \_\_\_\_\_ Amount of scholarship request: \$ \_\_\_\_\_

### PART II

#### To Be Completed by Your Local Pastor or Church Official

Scholarships are intended to help those who might be financially excluded from attending camp and are granted to those who need financial assistance beyond what is available from their local church.

Does this camper meet these criteria?  Yes  No

Amount of request the local Church will pay \$ \_\_\_\_\_

\_\_\_\_\_  
Pastor/Church Official Signature

\_\_\_\_\_  
PRINTED name of Pastor/Church Official

### PART III

#### To Be Completed by Child & Parent/Guardian

[Attach a letter from the child stating why he/she wants to attend Camp Ozone.](#)

Submit this completed form with a **Summer Camp Registration and \$50 deposit.**

**This application can only be considered if Parts I, II & III are complete.**

**Submitting this application does not guarantee a scholarship.**