



Children's Bible Ministries
Camper Financial Aid Application
22338 Arrowhead Trail Stevensburg, VA 22741

Child's Name _____ Age: _____ Grade _____

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Parent/Guardian _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Name of County and School Camper Attends _____

If offered at your school is your child/children enrolled in CBM Bible Class? **Y/N** (circle one)

Are they currently doing Bible Lessons through the mail? (earning \$5/lesson coupons) **Y/N** (circle one)

Has your child/children attended Camp Red Arrow before? **Y/N** (circle one)

Was financial aid given? Y/N If yes please give amount \$ _____

Please give your total monthly income (include both incomes, if both husband and wife work) \$ _____

Please share reason for request (examples: deep debt, loss of employment etc): _____

Do you presently receive federal assistance? **Y/N** (circle one)

If yes, please circle any assistance that you receive: Welfare Medicaid Food Stamps

The Department of Social Services will assist children desiring to go to summer camp. Have you checked with your caseworker about your child attending camp? **Y/N** (circle one)

Other possible resources for camp fees: grandparents/relatives, churches

Please understand that Camp Red Arrow / CBM of Virginia is a non-profit ministry. It is our

desire to see all children come to camp that wish to do so. Financial aid is intended to help those in serious financial need, who would otherwise be financially excluded from attending camp. When funds are available, financial aid will be granted in addition to what you or other resources are able to contribute.

Please fill in the following questions, you know best what your needs are, generally we ask the families to contribute at least the \$50 registration fee for camp. This helps insure the child's commitment to come to camp. But in some cases we know that even \$50 can be difficult. So please answer the questions to the best of your ability:

Amount Parent's/other resources are willing to contribute: \$ _____

Amount of Financial Aid requested: \$ _____

All information on this form will be kept confidential. As the parent/guardian, I have answered all questions accurately and honestly.

Parent/Guardian Signature _____