

Church Scholarship Form

Camp Northward

Camper's Name _____ Session Attending _____

MY CHURCH PAYS:

Church Registered With: _____ Will Pay: _____

Church Address: _____

Church Phone: _____

X _____

Minister or North Star Signature

Church I attend regularly (if different from above) _____

PLEASE MAIL THIS COMPLETED FORM TO:

Camp Northward
PO Box 128
Falmouth , KY 41040