



BYRON BIBLE CAMP

A PLACE TO ENCOUNTER JESUS CHRIST

Scholarship Application

Before you fill out this form ask your church, family, and friends if they would be willing to help financially for you or your camper to attend camp.

Byron Bible camp has limited funds to provide scholarships for campers, so we ask each person to provide or pay as much money toward their registration as possible so as many campers have the opportunity to come to camp. Please fill this form out and send it back to us so we can review it and respond back to you before the camp or retreat begins.

Date: _____

Name of the person that wants to attend camp: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail address: _____ Phone number: _____

Birth date: _____ Age: _____ Gender: _____ female _____ male

Parents' or guardians' name: _____

Home Church (if you attend one): _____

The camp or retreat you desire to attend: _____

Total cost for the camp or retreat \$ _____

Amount parents or other family member can pay: \$ _____

Have you asked your church how much they can contribute financially? Yes No

Amount your church can pay: \$ _____

Amount camper can pay: \$ _____

Have you asked at least one friend or family member if they can help financially? Yes No

Amount a friend can pay: \$ _____

Why do you want to go to this camp or retreat?

Parents' or guardian signature: _____

Please return to:

Byron Bible Camp - 40546 South Shore Road, Huron, SD 57350
campbyron@yahoo.com | byronbiblecamp.com | 605-352-7267 | Fax: 605-352-2041