

HARVEST DEAF EXTREME YOUTH CAMP

JULY 9-13, 2018

TEEN SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Age:	Date of birth:	Grade:
Current address:		
City:	State:	ZIP Code:
School:	Church:	

PARENT/GUARDIAN INFORMATION

Father/Guardian:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	VP:

PARENT/GUARDIAN INFORMATION

Mother/Guardian:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	VP:

NON- RELATIVE REFERENCE (EX: PASTOR, YOUTH LEADER, TEACHER)

Name:	Relationship:
Phone:	Email:

SIGNATURES

I authorize the information provided on this form is valid.	
Signature of applicant:	Date:
Signature of Parent/Guardian:	Date:



This application is not a guarantee for full scholarship to attend for Deaf Youth Camp. Harvest Deaf Ministries will receive all applications and grant scholarships as they are provided through our sponsorship program. Scholarships may be limited due to availability. Applicants must be ages 12 – 19 for the July 20178 camp week to qualify for review of scholarship availability. Scholarship recipients will be notified once awarded. Scholarships include one week lodging and meals (\$100.00 value) for the camper to attend Deaf Extreme Youth Camp at Southland Ranch, Kevil, KY on July 9-13, 2018.

*Mail application to:
 Harvest Deaf Camp
 c/o Harvest Deaf Ministries
 1314 Old Three Notch Rd.
 Ringgold, GA 30736
 Or email to contact@harvestdeaf.org*