

**WORD OF LIFE FELLOWSHIP, INC.**

Don "Robbie" Robertson  
Needy Camper Scholarship Application

Date of Application: \_\_\_\_\_ Camp:  Junior (ages 6 – 12)  Teen (ages 13 – 18)

Camper Name: \_\_\_\_\_

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

Phone Number: (     )                      -                      Age (at camp):              Gender:              Date of Birth:     /     /

Annual Family Income:      under 10,000      10,000-20,000      20,000-30,000      over 30,000  
**(Please attach a copy of page 1 of your 1040 for the current year)**

Parent or Sponsor: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Address (if different than camper): \_\_\_\_\_

Phone Number (if different than camper): \_\_\_\_\_

Brief Explanation/Description of Need: (print or type)

Has camper previously received a Needy Camper Scholarship? \_\_\_\_\_ If so, how many years? \_\_\_\_\_

**WEEK REQUESTING:**                      **First Preference:** \_\_\_\_\_  
(Date Arriving / Departing)              **Second Preference:** \_\_\_\_\_

**MAIL COMPLETED FORM TO:**     WORD OF LIFE FELLOWSHIP, INC.  
NEEDY CAMPER SCHOLARSHIP  
13247 Word of Life Drive  
Hudson, FL 34669

**OR FAX TO:**                      727-379-5063

**OFFICE USE ONLY**

Amount Awarded: \$ \_\_\_\_\_ Partial     \$ \_\_\_\_\_ Full     \$ \_\_\_\_\_ Other

(Please initial before the approved amount.)