



Scholarship Application

Parent's Name: _____

Address: _____

Phone #: _____ Email: _____

Date: _____

Camper Name	Age	Has this camper received a scholarship in the past? If so what year?

Briefly describe your family's need for a scholarship at this time.

Return application to:
SEEK Ministries
1894 Lower Union Hill Rd.
Canton, GA 30115