



Ignite Camp Scholarship Form

Date: _____

Students Name (one form per child): _____

Person Completing this Form: _____

Relationship to Students: _____

Number of Students attending Ignite Camp: _____

Billing Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Reach Team Leader of Student: _____

Have you signed up your student and paid the \$15 deposit: Yes No

Amount your are able to pay towards Ignite Camp: _____

For Office Use Only

Registration fee \$ _____

Less Deposit Paid \$ _____

Less Scholarship Amount \$ _____

Balance Due \$ _____

Approved By _____ Date _____

Contacted By _____ Date _____