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Camp Allen Ministries

Gunnels-Winberry Scholarship Application

PLEASE
ATTACH
PHOTO

Name: _____ Age: _____ Date of Birth: ____/____/____

Mailing Address: _____ Phone #: (____) _____

City: _____ State: _____ Zip: _____

Email Address: _____ Parents/Guardians Names: _____

Church Attending: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Senior Pastor's Name: _____ Phone #: (____) _____ Email Address: _____

Youth Pastor's Name: _____ Phone #: (____) _____ Email Address: _____

Church Camp Attending: (Check one) _____ Crossroads Camp (Grades 9-12) _____ Quest Camp (Grades 6-8)

_____ Adventure Camp (Grades 2-5)

Pastor or Youth Pastor Comments (Required) _____

Students Relationship with Christ: (Explain) _____

Explain you are reason for applying for this scholarship: _____

Will you be receiving financial help toward church camp other than this Scholarship? **YES or NO** (circle one)

If **YES**, please specify the dollar amount you will be receiving from other sources. Amount: \$ _____

Application Deadlines: Crossroads Camp is **May 5th** Quest and Adventure Camps is **June 5th**

Applicant will be notified, if approved, two weeks after the application deadline for each camp.

Date: ____/____/____

Applicant's Signature: _____

Gunnels-Winberry Committee – Bonnie Winberry and Rick & Sonya Gunnels

Please send your application to:

Rick & Sonya Gunnels
412 Howland Drive
Dexter, MO 63841
(573) 624-6015

OFFICE USE ONLY

Accepted

Rejected

Voucher Sent

Amt: _____

Date: ____/____/____