

FAITH ASCENT MINISTRIES BASE CAMP 2022 SCHOLARSHIP APPLICATION FORM

Deadline: This application form must be received by April 30, 2022 (5:00 p.m. central time). Mail to: Faith Ascent Ministries, 600 Kellwood Parkway, Suite 300, Chesterfield, MO 63017 or email to: info@faithascent.com Questions? Call (314) 587-3696 or e-mail: info@faithascent.com Website: www.faithascent.com

All fields are required

Eligibility: Students must meet these criteria to be eligible. Please initial.

- 1. ____ I will attend the entire session of Base Camp 2022
- 2. ____ I will pay the \$150 deposit fee to attend Base Camp 2022
- 3. ____ I am a Christ follower
- 4. Name:
 - a. First name --- Middle name -- Last name -:
 - b. If it is different than your formal name, what do you prefer to be called?:

| 5. | Have you ever attended Base Cam Yes (Year:) or | | | | |
|--|---|-----------|--------|------|--|
| 6. | Home address: | | | | |
| | Address: | | | | |
| | City: | S | State: | ZIP: | |
| 7. F | Primary telephone: () | | | | |
| 8. | Parent's Name: | | | | |
| 9. E | -mail: | | | | |
| 10. | Date of Birth (MM/DD/YYYY): | / | _/ | | |
| 11. What school do you currently attend? | | | | | |
| | *Name: | | | | |
| | *City: | _ *State: | *ZIP: | | |

- 12. What grade will you be entering in the Fall of 2022? Grade _____
- 13. Anticipated year of high school graduation: _____
- 14. What church do you attend?:

| Name: | | |
|-------|----------|--------|
| City: | _ State: | _ Zip: |

- 15. What is your annual family income? \$_____
- 16. Statement:

Why are you applying for a scholarship and why do you want to attend Base Camp?

17. Certification Statement:

By signing my name below, I confirm that all of the information provided above is true and correct to the best of my knowledge.

Signed:_____Date:_____