



ENTER HIS GATES

Enter His Gates Scholarship Form 2022

Name of Camper: _____

Age: _____

Parent/parents/guardian name: _____

Address: _____

Phone number: _____

Email: _____

School camper attends: _____

First time camper: ___ Yes ___ No

Week requesting scholarship: _____

Family income in 2021: _____

Tax return in 2021: _____

You may be asked to speak with a member of our staff. We will reach out after reviewing your application. Please fill out a camp application along with this form. Thank you for applying!