



SCHOLARSHIP APPLICATION

Today's date: _____

Please specify the dates you would like to use the Camp Barkeley facilities:

PLEASE CHECK WHICH FACILITIES YOU WOULD LIKE TO USE:

- Community Center (full use of facilities)
- Retreat Center (full use of facilities)

Community Center Facilities:

- Worship Center
- Mess Hall
- Large Dorm (12 people)
- Small Dorm (6 people)

Retreat Center Facilities:

- Luxury King Room
- Queen Room (with shared bathroom)
- Double Room (with shared bathroom)

How many people will be using the facilities? _____

PERSONAL CONTACT INFORMATION:

Name: _____

Name of team/organization (if booking for a group):

Address: _____

Phone Numbers: _____ Home _____

Work _____ Cell _____

Church: _____ Pastor's Name: _____

Current Employer: _____

Email Address: _____

Please check if you would like to receive our newsletter _____

Thank you for inquiring about our scholarship program for using the facilities at Camp Barkeley. We would like to know more about you as we pray about your possible visit. Please fill in the following information honestly.

Marital Status: __Single __ Married __ Divorced __ Widowed

Date of Birth (mm/dd/yy): _____

Please email your application to abilene@irisglobal.org



**May the Lord Jesus bless you and keep you.
May HIS face shine upon you and give you peace**