

Trinity Youth Camp*Reflecting God's Glory*

800 Hammond Blvd
 Jacksonville, FL 32221
 Phone (904) 596-2455 Fax (904) 596-2532

Rodney E. Wilson Scholarship Application

Date of Application: _____	Week of Camp Desiring to Attend _____
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Camper Name	Age (at camp)
Camper Address	Date of Birth
	Gender
Parent or Sponsor Name	Phone
Parent/Sponsor Address (if different than camper)	
Phone (if different than camper)	
Relationship to Camper	
Brief explanation/description of need:	
Annual Family Income - ___ under \$10,000 ___ \$10,000 to \$20,000 ___ \$20,000 to \$30,000 ___ over \$30,000	
Please provide a copy of page 1 of your 1040 for current year.	

Please mail completed form to:

**Trinity Youth Camp
 800 Hammond Blvd
 Jacksonville, FL 32221**

Or fax to: (904) 596-2532

Office Use Only	
Amount Awarded _____	Date Notified _____