



Mind Games Camp 2024 Scholarship Application

CONTACT INFORMATION

Parent/Guardian Name(s): _____

Primary Phone Number: _____ Home Cell

Address: _____

City/State/Zip: _____

Primary Email: _____

Status: Single Married Separated

STUDENT INFORMATION

Full Name _____

Relationship to you _____

Age _____ DOB _____ Gender _____

Name of church: _____

Typical attendance? Weekly Monthly Other _____

What impact do you hope this camp will have on your student? _____

Has the applicant been to Mind Games before? Yes No If so when?

How did you hear about Mind Games? Friend Brochure Website Radio

Other _____

How did you hear about the scholarship program? [Be specific] _____

TUITION

Registration fee: \$695 Optional Ropes Course Recreation Fee: \$25
Alumni Registration: \$625

Amount you can pay _____ Amount requested _____

PAYMENT INFORMATION

CREDIT CARD [VISA | MASTERCARD] CHECK [please attach]

Name on Card _____

Card # _____ Check # _____

Exp. _____ Amount _____

Signature: _____ Date: _____

HOUSEHOLD INFORMATION

- Does anyone in your household work in full-time ministry? Yes No

If so, please describe: _____

- Do you have relatives and/or church members who will assist you in paying for camp? Yes No If so, how much? _____

- Is this a foster care situation? No Yes

Caseworker Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

SCHOLARSHIP APPLICATION CHECKLIST

ALL ITEMS MUST BE COMPLETED BEFORE APPLICATION WILL BE REVIEWED.

1. Amount you can pay on form
2. Amount requested on form
3. 1-page written statement as to why you think Mind Games will benefit your student and why he or she is worthy of the scholarship

Please mail form and attachments to:

**Probe Ministries Mind Games Camp
STE 2000
2001 W Plano Pkwy.
Plano, TX 75075**

Or Scan and Email to:
sue@probe.org