



Mind Games Camp 2026 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

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: _____

You can also use a credit card on our secure server by registering your student online and using the "Partial Payment" field. Go to Probe.org/mindgames and click on "Register Online."

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? _____

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 2050
2001 W Plano Pkwy.
Plano, TX 75075**

Or Scan and Email to:
sue@probe.org