



# Summer Camp Scholarship Application

Our goal is to provide assistance to those who are prevented, because of financial hardship and the limited resources or absence of a local "home church", to attend summer camp at Lake Ann Camp. It is our desire that no child miss out on a Lake Ann Camp experience because of financial circumstances. Limited funding is made possible by the generosity of donors and the Red Canoe. Unfortunately, we cannot guarantee that every request will be granted, so please submit your application as soon as possible. Our Registration Analyst will contact you by phone or e-mail once your request has been reviewed.

Camper Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_ Church City \_\_\_\_\_ Church Phone \_\_\_\_\_

**★ Scholarship applicants will need to set up a monthly payment plan to help manage your balance. ★**  
If your application is approved, our Registration Analyst will contact you with the scholarship amount and determine the monthly amount due to cover your remaining registration fees.

**Please select one of the following:**

I have asked my church to help scholarship my camper(s) and they have agreed to do so in the amount of \$ \_\_\_\_\_.

I have asked my church to help scholarship my camper(s) and they are currently unable to provide financial assistance.

Pastor Signature: \_\_\_\_\_

I do not currently attend a church.

Program and Week Requested \_\_\_\_\_ (Ex. Week I Junior High)

**Payment you can afford: \$ \_\_\_\_\_ (\$ minimum)**  
**Scholarship Amount Requested: \$ \_\_\_\_\_**      **Number of children attending camp \_\_\_\_\_**  
**Yearly income (from all sources) \$ \_\_\_\_\_**      **Number of people in your household \_\_\_\_\_**

Please tell us about any extenuating circumstances related to your financial need which have contributed to your need for a scholarship.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Int. \_\_\_\_\_