

SUSQUEHANNA CONFERENCE CAMP & RETREAT MINISTRY SCHOLARSHIP APPLICATION FORM

It is the desire of the Susquehanna Conference Camp & Retreat Ministry for all children and youth to be able to attend summer camp, regardless of their ability to pay. Therefore, limited funds are available to assist persons in need.

1. The family is to fill out this form and have it signed by the pastor. By doing so, you are certifying that there is financial need greater than can be provided by the family and the church. (If the family is not connected to a local church, they should contact the Director of Camp & Retreat Ministry.)
2. The scholarship application must be sent to the Camping Office, 303 Mulberry Drive, Mechanicsburg, PA 17050.
3. To help build ownership, families are expected to provide at least a token amount of funds. The local church should be the first line of assistance. Children and youth are also encouraged to raise funds themselves, if necessary.
4. There is a limit of one scholarship per individual per summer.

Camper's Name _____ Grade _____ Age _____ Sex _____

Parent/Guardian's Name _____ Phone (____) _____

Full Address _____

Camp program attending _____ Camp Dates: _____

Site: Camp Penn Greene Hills Mount Asbury Wesley Forest

What are the circumstances of financial need of which we should be aware? (Please be specific: information will be kept confidential)

| | | |
|--|------------------------------|----------|
| Cost of camp will be covered as follows: | CAMP FEE: | \$ _____ |
| | Family | \$ _____ |
| | Local Church | \$ _____ |
| | Other (please specify) _____ | \$ _____ |
| | Request for Scholarship | \$ _____ |
| | TOTAL CAMP COST | \$ _____ |

I certify that there is sufficient need for the funds requested.

Name of Pastor: _____ Church _____

Signature of Pastor _____ Church City _____

District: _____ Phone (____) _____ Email Address _____

(For Office Use Only)

Camp program attending: _____ Site: _____

Director CRM (initial) _____ Amount: \$ _____