

SUSQUEHANNA CONFERENCE CAMP & RETREAT MINISTRY SCHOLARSHIP APPLICATION FORM

The Susquehanna Conference Camp & Retreat Ministry desires that all children and youth be able to attend camp and retreat events, regardless of their ability to pay. Through generous donors, funds exist to assist families who do not have sufficient income, or other forms of community financial support, to cover the full camp fee.

Individual campers are limited to one scholarship per summer.

1. We ask the camper and their family complete this form together. If you participate in a faith community, please have the pastor or a leader in the faith community sign the form where indicated. If you are not currently involved in a faith community, you may leave that section blank. By completing this form in its entirety, you are certifying that there is financial need greater than can be provided by your family and your community of support.
2. Families or individuals are asked to provide a portion (whatever is possible) of the cost. In this way the scholarship fund can help more campers, and you can share in the joy of making the camp experience possible, too. Please try to reach out to your faith community or other circles of support first. We find people are often eager to help a young person attend camp. We desire for financial barriers to be lifted, so if there is genuine need for payment assistance, we welcome you to apply for a scholarship.
3. Please send the completed scholarship application to:
SUSUMC Camping Office 303 Mulberry Dr. Mechanicsburg, PA 17050 or pfrye@susumc.org

Scholarship Application (one camper per form)

Camper's Name _____ Grade and Age at Time of Camp Session: _____
Parent/Caregiver's Name: _____ and Signature: _____
Mailing Address: _____ Phone Number: _____

Email Address: _____
Name of Camp Event Attending: _____ Date of Camp Event: _____
Center Attending (check one): ___ Camp Penn ___ Greene Hills ___ Mount Asbury ___ Wesley Forest

In a few sentences, tell us why the camp experience is important for you; our donors appreciate hearing how they've helped a young person attend camp.

Your Plan for Covering the Cost of Camp

Total Camp Event Fee: \$ _____
Family Contribution: \$ _____
Faith Community Contribution: \$ _____ Name of Faith Community: _____
Other Support: \$ _____ Name of Other Support: _____
Request from Scholarship Fund: \$ _____

Name of Pastor/Faith Community Leader: _____
Faith Community Mailing Address: _____ Phone Number: _____

Email Address: _____

Please contact us if you have questions or if we can be supportive in other ways: 717-766-7395 or camps@susumc.org

Office Use Only

Date Received: _____ Scholarship Amount Granted: _____ Confirmation Sent to Applicant: _____
Approved By: _____