

# Camp Scholarship Form

Lancaster United Methodist Church

[www.LancasterUnited.org](http://www.LancasterUnited.org)

Lancaster United Methodist Church provides summer camp scholarships for youth and children for the purpose of spiritual growth and faith renewal. Because we believe in the power of camp and want the youth of Lancaster United to grow in their faith, we offer scholarships for those facing financial challenges in order that they may attend. Please read and fill out this application so we may best determine your family's financial need and how we may assist you.

Scholarship applications are due in the church office no later than **July 1st**. You will be notified of the scholarship amount that you will be granted soon after. Thank you.

Camper Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Camper's Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current grade enrolled before summer: \_\_\_\_\_

Camper Status:       First Time Camper       Return Camper

Circle which camp(s) you'd like to attend>>>

## ***Off-Campus Retreats at Camp Wrightwood***

- Elementary Camp: July 8-14 (\$435)
- Junior High Camp: July 15-21 (\$435)
- Senior High Camp: July 22-28 (\$435)

Would you consider sharing your camp experience in front of the congregation? \_\_\_\_\_

Are you currently attending Footprints Children's Center? \_\_\_\_\_

Would you be willing to volunteer to help fundraise throughout the year to raise money for Camp Scholarships? \_\_\_\_\_

Students, in your own hand writing please answer the following questions (Parents may write for young ones).

What do you think God wants you to get out of Summer Camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a returning camper, how has camp affected your life one year later?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Parents

Parents Name: \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Will there be other children from your family attending camp this year? \_\_\_\_\_

Are there any special circumstances in your family that have resulted in your need for financial assistance (i.e. loss of job, illness, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount our family can pay:     2/3     1/2     1/3     We'll need a full scholarship

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only