



## Scholarship Application

The following information is to be completed by the camper's parent or guardian.

### INFORMATION

Parent/guardian name(s): \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Camper(s) name(s) and age(s): \_\_\_\_\_

Camp(s) wishing to attend \_\_\_\_\_

What amount will you be able to contribute to the cost of camp \$ \_\_\_\_\_

What amount will your church contribute to the cost of camp \$ \_\_\_\_\_

Based on your expected financial resources, what amount of financial aid are you requesting for your camper \$ \_\_\_\_\_

Briefly state why your camper is in need of financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain what personal and church fundraising activities your child has the potential to complete to help with the cost of camp:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

Amount Awarded

By (Signature):

Date:

\_\_\_\_\_

## Financial Aid Covenant

I, \_\_\_\_\_, agree to the following guidelines and procedures for requesting financial aid and scholarships.

1. I will commit to paying what I can reasonably afford to send my child to camp.
2. I have contacted my church and church staff about ways in which the congregation may be able to help my child and others to attend camp.
3. I have looked into and attempted to raise money for camp fees.

The Camps and Retreat Ministry agrees to:

1. Investigate ways in which to financially help families with the most need, and as many families as possible.
2. Keep all information in this application confidential.
3. Continue striving to ensure as many children as possible experience God this summer at our camps.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email return application and Financial Aid Covenant to:**

Administrative Coordinator

rmorgan@okumc.org

*Camp and Retreat Ministries*

*Oklahoma United Methodist Conference*

**405-530-2017**

**Fax: 405-530-2049**

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