

Scholarship Application

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

INFORMATION

Address:			
City/State:		Zip:	
Telephone:		Email Address:	_
Occupation: _		Spouse's occupation:	
Camper(s) nan	ne(s) and age(s):		
Camp(s) wishi	ng to attend		
What amount v	vill you be able to contrib	oute to the cost of camp \$	
What amount v	will your church contribu	te to the cost of camp \$	
•	expected financial resour	rces, what amount of financial	aid are you
Briefly state w	hy your camper is in need	d of financial assistance:	
	what personal and churc lp with the cost of camp:	h fundraising activities your cl	nild has the potential to

Financial Aid Covenant

l,	, agree to the following guidelines and procedures for
reque	esting 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 C	amps 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 wclark@okumc.org

405-530-2017

Camp and Retreat Ministries
Oklahoma United Methodist Conference
1501 NW 24th Street
Oklahoma City, OK 73106