

**BOARD OF CAMP AND RETREAT MINISTRIES  
United Methodist Church**

# Wisconsin Conference Camp Scholarship

INSTRUCTIONS: This application is to be filled out by the Pastor or Designee and submitted with the camper's Registration Form to Camp Registrar, PO Box 620, Sun Prairie, WI 53590.

APPLICANT INFORMATION		
Camper's Name		
Parent or Guardian's Name		
Address		
Church / District		
Adult <input type="checkbox"/>	If Child/Youth please give AGE	Grade in Fall
Camp # /Camp Name	Date of Camp	Location

STATEMENT OF QUALIFICATION	
<p>Our goal is to make sure anyone who desires to attend camp is not disqualified by lack of financial support. We want to work with your local church. Conference Camp Scholarships will be made to those who need financial assistance beyond what is available locally.</p> <p align="center"><i>Does this Camper meet this criteria?</i></p> <p align="center"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </p> <p>Pastor: If a Conference Camp Scholarship greater than 30% is needed, enclose a letter from yourself or your designee with this application detailing the applicant's financial need. We will make every attempt to help. If a letter is not enclosed, we will return this form.</p>	

SCHOLARSHIP CALCULATION	
<b>Please round your payment amounts up to the next whole dollar</b>	
TOTAL COST OF CAMP	\$
Local Church Payment (Must be enclosed)	\$
Camper Payment (Must be enclosed)	\$
Amount of Conference Camp Scholarship Request <b>(Letter required for requests greater than 30%)</b>	\$

PASTOR'S APPROVAL
Pastor's Name (printed)
Pastor's Signature
Phone Number (       )

CAMPING OFFICE USE ONLY
Grant Approved \$
Date Granted
Signed