

HUNGRY MOTHER LUTHERAN RETREAT CENTER
CAMP SCHOLARSHIP APPLICATION

Camper's Name _____

Age: _____ Grade entering in the fall: _____

Parent(s)/Guardian(s) Name(s): _____

Street address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Has this camper ever attended this or a similar camp before? (Please circle): YES NO

Will there be other family members attending camp this year? Y N How many? _____

Sponsoring church or organization: _____

Camp registration fee is \$400. Enter the amount of financial assistance you are requesting. (maximum \$300) \$ _____

The following questions are for the camper. Assist younger campers as needed. Use the back of this sheet if you need more space.

Why do you wish to attend this camp?

What experiences do you hope to gain?

Through our *Skippy Noland Campership Fund*, money is raised to help any child wishing to attend camp to have the opportunity regardless of cost. It is our desire to be good stewards of this resource that our Lord provides through many caring individuals. By signing below, you are stating that the cost of the camp fee would present a financial hardship at this time and would prevent your child from attending camp without financial assistance.

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____