

***HUNGRY MOTHER LUTHERAN RETREAT CENTER
SMYTH COUNTY 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? _____

Camp registration fee is normally \$400.
By completing this form and acknowledging your financial hardship, 100% of the fee will be waived, allowing your child to attend at no cost.

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 a grant from Smyth County Community Foundation, money was provided to help any child residing in Smyth County and wishing to attend camp to have that opportunity regardless of cost. 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 this assistance.

Signature of Parent or Guardian:

_____ Date: _____

Printed Name: _____