



Scholarship Instructions: We offer scholarships up to 20% during the registration process, with no paperwork required. If more than 20% support would be helpful, please complete this form. We award scholarships on a rolling basis, so we encourage you to register and complete this form early.

1) Select your tier and register. When you register, select Tier 3 (if available), which includes a 20% scholarship. To complete your registration, you will be asked to pay a \$100 deposit. *(If that is a challenge for you, skip this form and call us at 920-882-0023. We can bypass the deposit requirement over the phone.)*

2) Determine what you can afford. We know that people value what they pay for, and we want you to value your camp experience. Therefore, it is unusual for us to provide a full scholarship to a camper. We trust you to be honest about your ability to pay. *(This often ranges from \$50-350).*

3) Check with your local church. Many churches have funds set aside just for camp scholarships, and they are delighted to share! Ask your pastor if there's a scholarship for you.

4) Government or community agencies. Families receiving state or other assistance may qualify for camp reimbursement. If your camper is receiving services or assistance, check with those agencies for support.

5) Request a Crossways scholarship. Our Endowment Fund provides for camper scholarships, and we've never had to turn down a request for support. Complete the form below, and submit to steve@crosswayscamps.org.

Camper Information		
Camper's Name:	<input type="checkbox"/> Youth Age: _____	<input type="checkbox"/> Adult
Parent/Guardian's Name:		
Address		
Email	Phone	
Camp Location	<input type="checkbox"/> Imago Dei	<input type="checkbox"/> Pine Lake <input type="checkbox"/> Waypost
Program (e.g. Pioneers, Pathfinders, Family Camp)		Dates

Scholarship Calculation (please use whole dollar amounts)	
Cost of Camp (Tier 3)	Line A \$ _____
Camper Payment	Line B \$ _____
Church Scholarship (Name/City of church)	Line C \$ _____
Agency Support (Name of Agency)	Line D \$ _____
Amount of your request (Line A - Lines B, C, D)	\$ _____

Office Use Only	Date granted: _____	Grant approved: \$ _____
	Other: _____	