



Deadline for Requests to be considered: March 1<sup>st</sup>, 2019

Crossways Camping Ministries provides financial support to youth, adults and families who would like assistance in financing the cost of our programs and retreats. Camp scholarship funds are available as a result of gifts from our donors to the scholarship assistance fund. **If you belong to a congregation, we ask that you first contact your pastor or church administrator to see if they offer any scholarships for camp participation.** Many churches have camp scholarship funds available to help. Then, on this form, please provide the amount you are able to contribute to the program(s) for which you are applying for camp scholarship assistance.

Mail the completed form **by March 1<sup>st</sup>, 2019** to Crossways Camping Ministries at 912 N. Oneida St., Appleton, WI 54911 or email to [registrar@crosswayscamps.org](mailto:registrar@crosswayscamps.org). If approved, you will be notified of your campership either by phone or email.

**IMPORTANT NOTES:**

- After the March 1<sup>st</sup>, 2019 deadline any awards dispersed will be based on funds available.
- This Scholarship application is not a camp registration so it will not hold space for the applicant in the camp program.
- If a camper's registration is paid in full, scholarship funds cannot be used as a form of reimbursement.
- Scholarship assistance cannot be for the full amount, nor can it be applied to a past-due balance.

Name of Camper \_\_\_\_\_

Camper is already registered

Camper is not yet registered

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

Camp attending:  Waypost Camp, Hatley  Pine Lake Camp, Waupaca  Imago Dei Village, Clintonville

Program Attending: \_\_\_\_\_ Dates: \_\_\_\_\_  
(e.g. Pioneers, Pathfinders, Family Camp)

Full cost of Program (less any discounts) \$ \_\_\_\_\_ Parent/Guardian, Family/Friends able to provide \$ \_\_\_\_\_

Congregation/Agency can provide \$ \_\_\_\_\_ Requested amount of Scholarship (cannot be full amount) \$ \_\_\_\_\_

Are you receiving other support to attend camp?  No  Yes If so, please list below their contact information:

Congregation/Agency and/or Family/Friend Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

In applying for this campership request for scholarship assistance, I certify that the camper would not otherwise be able to attend a camp session at Crossways due to financial constraints. I understand no award is provided if the camper does not attend and complete the camp session. I also understand that if I've applied for a scholarship in prior years, any previous outstanding balances must be paid before this request for the current year is considered.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

|                       |                       |                    |
|-----------------------|-----------------------|--------------------|
| <b>For office use</b> |                       |                    |
| Date Rec'd: _____     | Amount Awarded: _____ | Approved by: _____ |