



## Camper Scholarship Application

### Parent / Guardian

**Policy:** There are funds available to cover up to 50% of the full registration cost of youth camps. Scholarships are awarded based on (a) household size, (b) income level, and (c) recommendation of a reference (i.e. pastor, youth pastor, Sunday school teacher, school teacher, school guidance counselor). Cases are handled individually, with special consideration for extenuating circumstances. Applications will be reviewed and the parent/guardian will be notified if a scholarship is awarded.

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

Camp Week Attending and Date \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Household Size \_\_\_\_\_

Briefly describe any special circumstances that we should be aware of in considering your request.

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

Please complete and return form. Mail: 7718 Twin Lakes Road / Manson, IA 50563  
Email: [info@twinlakesbiblecamp.com](mailto:info@twinlakesbiblecamp.com) ---- Phone: 712.297.7714



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### Reference Form

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Name of Applicant \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Describe the level of the applicant's financial need. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you recommend the applicant receive financial assistance?      YES \_\_\_\_\_      NO \_\_\_\_\_

Please provide your contact information.

Name \_\_\_\_\_

Title / Position \_\_\_\_\_ Church / School \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_