



# 2019 SCHOLARSHIP APPLICATION

Please review and complete.

Mail or fax completed forms to address/fax number below.

A sanctuary empowering personal growth, faith, and knowledge within community.

Lake Louise's scholarship fund is supported by private donors and intended to assist those who might not be able to attend camp without financial assistance, experience the joy of camping! Our goal is to assist as many youth as possible. Funds are limited and scholarships distributed on a first come basis. To be eligible for a scholarship, camper must be registered for camp and this form must be received by Lake Louise prior to check-in on the first day of camp.

Lake Louise campers may be eligible to receive financial assistance, up to \$100.00 for full week camps or 1/2 the cost of partial week camps, based upon demonstrated need. If camper is receiving a volunteer service scholarship she/he is not eligible for additional financial assistance. **Please fill out one application per camper.**

Camper's name \_\_\_\_\_ Camp attending \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ email \_\_\_\_\_

Total number of dependents & other persons living in the same residence? \_\_\_\_\_

Total number of Lake Louise campers living in same residence requesting financial assistance in 2018? \_\_\_\_\_

Camper's parent/guardian works (please circle) full-time part-time seasonal work avg. # hours/week \_\_\_\_\_

Other adult(s) in household works (please circle) full-time part-time seasonal work avg. # hours/week \_\_\_\_\_

Estimated annual household income from all sources (optional). \_\_\_\_\_

Please briefly describe the financial circumstances and obligations that prompt this scholarship request.

\_\_\_\_\_  
\_\_\_\_\_

Please describe any extenuating circumstances in your household that affect your family's ability to pay for camp.

\_\_\_\_\_  
\_\_\_\_\_

A sliding scaled based on estimated annual income and extenuating circumstances will be used in determining financial assistance, if any. By signing this application, I certify the information on this form is true and accurate. I understand that if I provided false, inaccurate, or misleading information any financial assistance granted may be revoked and I may be held personally responsible for obtained funds. Any funds awarded will be applied directly to my LLCC account. I acknowledge that in the event of cancelling a summer camp registration, we are not entitled to any refund of scholarship monies. Applications for financial assistance must be submitted annually.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Church membership \_\_\_\_\_ Church phone \_\_\_\_\_

Questions? Please contact the Lake Louise office \* p 231 549 2728

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**FOR LAKE LOUISE OFFICE USE**  
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Amount of scholarship granted \_\_\_\_\_ Date \_\_\_\_\_ Staff initials \_\_\_\_\_