



Pine Lake Fellowship Camp

10371 Pine Lake Road | Meridian, MS 39307
www.pinelakecamp.com | 601-483-2267

2022 APPLICATION FOR CAMPER SCHOLARSHIP

Pine Lake Fellowship Camp is committed to helping children and youth with financial needs to attend summer camp. Many generous donors have contributed thousands of dollars to the summer camp scholarship fund. These funds are distributed when available and as needs arise. Scholarships granted are in amounts up to **\$60 Discoverers, \$110 Seekers, \$135 full week, and \$65 for Day Camp**. These scholarships are given to campers with expressed financial needs and limited to one scholarship per camper per year.

There is an automatic discount (same amounts as above) given to the third+ family member to attend camp in one summer. This discount only needs to be requested - an application does not need to be filled out.

To apply for a camper scholarship:

1. Fill out this scholarship application and mail it to Pine Lake Fellowship Camp by **May 1, 2022**. *Scholarship applications may be received after this date if funds are available.*
2. Mail a camper registration form for the week your child would like to attend camp along with your \$60 registration deposit (or register/pay online).
3. You will receive a written notice or e-mail about your scholarship approval. (If scholarship is denied for any reason, your deposit will be returned)

Camper Name: _____

Address: _____

What week is camper applying for:			Scholarship Available up to:
___ June 2-4	- Discoverers	Ages 7-12	\$60
___ June 6-10	- Seekers	Ages 8-10	\$110
___ June 13-18	- Explorers	Ages 10-12	\$135
___ June 20-25	- Adventurers	Ages 12-14	\$135
___ June 27-July 2	- Trailblazers	Ages 15-17	\$135
___ June 6-10	- Day Camp One	Ages 6-12	\$65
___ June 13-17	- Day Camp Two	Ages 6-12	\$65
___ June 20-24	- Day Camp Three	Ages 6-12	\$65

Parent or Guardian: _____

Address: (if different from camper) _____

Phone: _____ This number is: ___home ___work ___cell

E-mail address: _____

Employer: _____ Phone: _____

Employer: _____ Phone: _____

Total monthly income of family: _____

Number of people in your immediate family living with you: _____

Name of church you regularly attend: _____

Pastor's name: _____

Pastor's phone number: _____
and/or

Pastor's e-mail: _____

If you do not attend a church regularly, please list another non-family person in place of "pastor" who can verify your financial need.

Please explain why financial assistance is needed:

How much do you think you could afford to pay for camp? _____

This information is correct to the best of my knowledge.

Parent or Guardian Signature: _____

Date: _____

Office Use Only

Scholarship Approved ____ Amount granted ____ Credited to camper account ____

Recorded ____ Family Notified of Approval ____