

Pine Lake Fellowship Camp 10371 Pine Lake Road | Meridian, MS 39307

www.pinelakecamp.com | 601-483-2267

Office Use Only: _____ Scholarship(s) Approved _____ Amount Granted _____ Credited to Account

Notified of Approval



2024 CAMPER SCHOLARSHIP APPLICATION

Are you experiencing a financial hardship and still want to send your child(ren) to camp? Great News! Pine Lake can help! Generous donors contribute thousands of dollars each year to the Scholarship Fund for your child(ren) to attend camp! Scholarships are awarded to campers with expressed financial needs and are limited to one scholarship per camper per year. Scholarships are granted as funds are available, up to the amounts listed below:

HOW TO APPLY:

- 1. **Complete one scholarship application per family** (this form or online) and submit it to Pine Lake Fellowship Camp <u>by May 1, 2024</u>. *Scholarship applications may be received after this date if funds are available.*
- 2. You will **receive a notification** about your Scholarship application status. *If scholarship is denied for any reason, your deposit will be returned.*
- 3. **Complete camper(s) registration form** for the week your child(ren) would like to attend camp along with your \$60 registration deposit. *Camper registration may be completed before scholarship application*.

Campers Name(s):	Camper(s) Address:	Camper(s) Address:	

Select Camper(s) Week:			
<u>Dates</u>	Week	<u>Ages</u>	Maximum Scholarship Amount
May 30 – June 1	Discoverers	7-12	\$95
June 3-7	Seekers	8-10	\$150
June 10-15	Explorers	10-12	\$175
June 17-22	Adventurers	12-14	\$175
June 24-29	Trailblazers	14-17	\$175
June 3-7	Day Camp One	6-12	\$75
June 10-14	Day Camp Two	6-12	\$75
June 17-21	Day Camp Three	6-12	\$75

Personal Information	
Parent or Guardian:	Address (if different from camper):
Phone:	Email:

Employer/Work Information				
Employer (1):	Employer Phone (1):			
Employer (2):	Employer Phone (2):			
Total Monthly Income of Family:	Number of People in Your Immediate Family Living with You:			

Church Information			
Name of the Church You Regularly Attend:	Pastor's Name:		
Pastor's Phone:	Pastor's Email:		

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 a scholarship would help your child(ren), and what a scholarship would do for your family:

List the amount you can afford to pay for camp: \$			
If this information is correct to the best of your knowledge, sign and date below.			
Parent or Guardians Signature:	Date:		