

WNY Conference Camps, Conferences & Retreat Ministries Camper Scholarship Application Form

To be completed by Pastor and mailed to:

Rev. Lawrence J. Wiliford, CCRM Executive Director
P.O. Box 218
Silver Lake, NY 14549

The Western New York Conference camping program desires that all children and youth be able to attend camp, regardless of their ability to pay. Therefore, limited funds are available to assist persons in need to attend Camp Asbury and Camp Findley. To apply for funds the following guidelines need to be followed. Please submit this Scholarship Request Form directly to the CCRM Executive Director indicated above.

1. The Pastor is to fill out this form. By doing so you are certifying that there is financial need greater than can be provided by the family and the church.
2. The scholarship request must be sent to the CCRM Executive Director at the above address in order to be processed. If possible, please enclose a copy of the Camper Registration Form.
3. To help build ownership, families are expected to provide at least a token amount of funds. Children and youth are encouraged to raise funds themselves if necessary.
4. There is a limit of one Scholarship per individual per summer for financial assistance.
5. To assist as many campers as possible, Scholarships will be granted in an amount equal to the local church's financial assistance, with a maximum of \$75.00 per camper, for full week long camps. Scholarships for shorter camps will be pro-rated at a maximum of \$15.00 per 24 hour period per camper. If there are special circumstances which require greater support, the Pastor should contact the CCRM Executive Director personally.)

CAMPER'S NAME: _____ GRADE _____ AGE _____ SEX _____

FULL ADDRESS: _____ PHONE: (____) _____

Camp registered for: _____ Camp # _____ Camp Dates: _____

With whom does applicant reside? _____ Name(s): _____

Areas of special need or problems that the camp should be made aware of: _____

What information is being used to determine need? (Please be specific, information will be kept confidential)

[Use back if more space is needed] _____

The cost of camp will be covered as follows: Family: \$ _____

Scholarships may not be used as the registration fee Local Church: \$ _____

Other: \$ _____

Request of Scholarship: \$ _____

I certify that there is sufficient
need for the funds requested.

TOTAL CAMP COST: \$ _____

Signature of Pastor: _____ Church: _____

Church Address: _____ District: _____ Phone: _____

Camp # _____ (for Office Use Only)
Executive Director's Approval _____ Amount: \$ _____