

**CAMP SCHOLARSHIP APPLICATION**

Camps and Retreat Ministry  
 5 Century Drive, Suite 250  
 Greenville, SC 29607  
 864.298.0125  
[www.asburyhills.org](http://www.asburyhills.org)

CAMPS & RETREATS  
 United Methodist Church



It is the desire of the South Carolina United Methodist Camps and Retreat Ministry that no child be prevented from attending camp because of finances. Donations are received to fund many camp scholarships. The number available is limited, and awards will be based on need and awarded on a first-come, first-served basis. In an effort to be good stewards of these camp scholarship funds, the form must be signed by your minister or social worker and returned upon completion to the address above along with a completed camp registration form. We are excited to be able to serve the children and youth of South Carolina in this way.

<b>Child's Name</b> _____, Grade entering Fall 2015 _____ Camp session registered to attend _____ Session cost \$ _____ Amount requested \$ _____ Balance due \$ _____	Status _____ Amt \$ _____
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**CONDITIONS OF CAMP SCHOLARSHIP:**

- Recommendation of a minister or social worker familiar with the camper and family is required.**
- \$25 minimum deposit per camper is required. Balance of camp fee not covered by the camp scholarship is due two weeks prior to camp attendance.**
- Cancellation, no show, and other fee policies contained in the information portion of the registration form apply.**
- This program exists to make it possible for children and youth to come to camp. If you have concerns or difficulty with any part of the camp scholarship process, please contact us.**
- In most cases, the Camp Scholarships will not be for more than the local church, sponsor or agency is willing to invest.**

Parent's Name(s) \_\_\_\_\_  
 Address, Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

I want my child to enjoy the benefits of the summer camp experience. My signature below confirms the accuracy of the information I have provided and confirms my understanding of the conditions of scholarship awards.

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

My organization or sponsor is able to contribute \$ \_\_\_\_\_, to be placed alongside the camp scholarship awarded by SC Camps and Retreat Ministries, insuring that the applicant will experience the joy of camp this summer.

**CONFIRMATION OF NEED – (Camp Scholarship application will not be processed without completion of this section)**

My signature below confirms my relationship to the applicant and my awareness of need.

Minister/State Social Worker Name: \_\_\_\_\_  
(Circle One) (Please Print)

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Briefly Describe Need: \_\_\_\_\_