

**UPPER NEW YORK ANNUAL CONFERENCE
SCHOLARSHIP APPLICATION FORM**

To be completed, signed by Pastor, and mailed to site where the child will be attending camp as indicated below:

Aldersgate 7955 Brantingham Rd Greig, NY 13345 315-348-8833	Asbury PO Box 218 Silver Lake, NY 14549 585-237-5262	Casowasco 158 Casowasco Dr. Moravia, NY 13118 315-364-8756	Sky Lake 501 William Law Rd. Windsor, NY 13865 607-467-2750	Skye Farm 1884 E. Schroon River Rd. Warrensburg, NY 12885 518-494-7170
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The Upper New York Area camps desire that all children and youth be able to attend summer camp, regardless of their ability to pay. Therefore, limited funds are available to assist persons in need.

1. The family is to fill out this form and have it signed by the pastor. By doing so, you are certifying that there is a financial need greater than can be provided by the family and the church. **(If the family is not connected to a local church, they should contact the camp director at the number listed above.)**
2. The scholarship application must be sent to the camp director at the address of the site where the child will attend camp as indicated above.
3. To help build ownership, families are expected to provide at least a token amount of funds. The local church should be the first line of assistance. Children and youth are also encouraged to raise funds themselves, if necessary.
4. There is a limit of one scholarship per individual per summer.

CAMPER'S NAME _____ GRADE _____ AGE _____

PARENT/GUARDIAN'S NAME _____ PHONE () _____

FULL ADDRESS _____

Camp program attending: _____ Camp dates: _____

Circle Site: Aldersgate Asbury Casowasco Sky Lake Skye Farm

What are the circumstances of financial need of which we should be aware? (Please be specific / information will be kept confidential)

Cost of camp will be covered as follows:	CAMP FEE:	\$ _____
	Family:	\$ _____
	Local Church	\$ _____
	Other (please specify) _____	\$ _____
	Request for Scholarship	\$ _____
	TOTAL CAMP COST	\$ _____

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

Name of Pastor: _____ Church: _____

Signature of Pastor: _____

District: _____ Phone () _____ Email: _____

(For Office Use Only)

Camp program attending: _____ Site: _____

Camp Director's Approval (initial) _____ Amount \$ _____