

## VICK & PATHFINDER CAMP SCHOLARSHIP APPLICATION

All prospective campers in financial need, both individuals and families, are eligible to apply for financial assistance. However, we cannot guarantee that our limited Scholarship Fund will allow us to honor every request. Your local church and Association resources must be explored and utilized before a scholarship can be granted. While we want to provide every child with an invaluable camp experience, requests will be carefully reviewed to ensure funds are available for as many campers as possible. Scholarships will be awarded on a sliding scale based on household income and number of children in the household. Extenuating circumstances will also be considered.

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of child requesting scholarship \_\_\_\_\_ Date of birth \_\_\_\_\_

Camp session & date you will attend camp \_\_\_\_\_

(Use a separate page for additional children in the family)

Name & location of church attending (if applicable): \_\_\_\_\_

Has the applicant received a scholarship to this camp before? \_\_\_\_\_

If so, when? \_\_\_\_\_

How much are you able to pay toward camp? \_\_\_\_\_

What funding have you secured from other sources (i.e. church, fundraising, etc.)? \_\_\_\_\_

How many children in your family? \_\_\_\_\_ Total family income in 2022 (after taxes) \_\_\_\_\_

Are there extenuating circumstances you would like us to consider? Please attach a statement of explanation.

TOTAL CAMP SESSION FEE \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT FAMILY WILL PAY \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT CHURCH WILL PAY \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT ASSOCIATION WILL PAY \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT REQUESTED FOR SCHOLARSHIP \_\_\_\_\_ \$ \_\_\_\_\_

HOW TO APPLY:

1. Complete a scholarship application form, Note we cannot always guarantee that all sessions are available: some fill and become closed.
2. Complete a registration form.
3. **Give the registration and application forms to your local pastor to complete and have the pastor send them both in together to the main office. Address is below.**
4. Please allow 4 to 6 weeks for the processing of your application. We will notify you as soon as possible. All applications must be received minimally 4 weeks before the camp session desired. You will be notified in writing with regards to the status of your request.

Camper Name \_\_\_\_\_

**TO BE FILLED OUT AND MAILED IN BY THE CHURCH PASTOR:**

PASTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Do you recommend the above person for a scholarship? \_\_\_\_\_

Why/Why Not? \_\_\_\_\_

Any special considerations which should be made in regard to this applicant? \_\_\_\_\_

Church \_\_\_\_\_ Association \_\_\_\_\_

Has the church been requested for scholarship funds? \_\_\_\_\_

Has the association been requested for scholarship funds? \_\_\_\_\_

PASTOR'S SIGNATURE \_\_\_\_\_

**OFFICE USE ONLY**

Scholarship Approved: \_\_\_\_\_

Scholarship Denied: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit Form to VPCC Ministries, PO Box 559 Manlius, NY 13104**

**PHONE: 315-692-4862, VPCCMinistries@gmail.com**