

**Scholarship Application
Lake Louise United Methodist Camp**

Print in Ink:

Camper's Name _____ Name of Camp _____

Address _____ Date of Camp _____

City _____ State _____ Zip _____

Camper's age _____ Grade completed in June _____

Number of times applicant has attended United Methodist Camp _____

Number of family members attending a United Methodist Camp this year _____

Number of other camps or mission trips camper will attend this year _____

Name of Parent or Guardian _____

Parent/Guardian Daytime Phone Number _____

Parent/Guardian email address _____

Name of Church _____

City & State _____

*Lake Louise's Scholarship Fund is supported by private donors and is intended to help those who might be financially excluded from attending camp. Our goal is to help as many youth experience camp as funds will allow. Scholarships are limited to \$100 per camper. Funds are limited and scholarships are granted on a first come, first served basis. To be eligible for scholarship consideration the camper must be registered for camp and the deposit must be paid.
All information is kept confidential.*

Annual household income, all sources, per most recent IRS 1040 _____

Number of dependents in household _____

Briefly explain the financial circumstances and obligations that prompt this scholarship request.

Cost of Camp _____
Amount from camper/family, including deposit _____
Amount from local church, organization, or other sources _____
Requested from Lake Louise Scholarship Fund _____

Pastor's Name _____ Pastor's Phone Number _____

To the best of your knowledge, is the information provided above accurate? Yes ___ No ___

Pastor's Signature _____

*****For Office Use*****

Scholarship \$ _____ Date Granted _____

Staff Initials _____ Date of Notification _____

Questions? Call: 231-549-2728

Return this Form to: Lake Louise United Methodist Camp
11037 Thumb Lake Road
Boyne Falls, MI 49713