

# Lake Geneva Christian Center 2018 Partial Scholarship Application

- This scholarship program is designed to enhance your own and your church's resources. The maximum scholarship is \$50 per recipient.
- A maximum of **5 scholarships for Kids' Camp** and **5 scholarships Youth Camp** will be awarded per church.
- Applications need to be postmarked by **April 9** for Kids' Camps and **May 21** for Youth Camp.
- We will notify you by e-mail of your scholarship status within 4 weeks of receiving this application. **Do not register and pay for camp online before hearing back.** You will not receive a \$50 refund for the LGCC scholarship if you have already paid the full camp registration fee.
- If you receive the LGCC Scholarship, **be sure to pay \$50 less than what is owed** for your child to attend camp when registering online.
- **Applications that are not fully completed will not be considered (pastor's signature required).**

## 1.) Circle the camp your child is planning to attend:

### **Kids Camp:**

(Kids = 3<sup>rd</sup>-6<sup>th</sup> grade)

Session 1 - June 11-14

Session 2 - June 15-18

Session 3 - June 20-23

Session 4 - June 25-28

### **Teen Camp:**

(Jr. Teen = 6<sup>th</sup>-9<sup>th</sup> grade) (Sr. Teen = 10-GRAD)

Jr. Week 1 - July 9-13

Jr. Week 2 - July 16-20

Sr. Week 1 - July 23-27

Sr. Week 2 - July 30-Aug 3

## 2.) Provide the Following Personal & Contact Information:

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

Please circle: Male / Female      Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade in Fall 2018: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

← This is the email address we will use to tell you the status of your scholarship application

Parent/Guardian Name/s: \_\_\_\_\_

Church Attending With & City of Church: \_\_\_\_\_

## 3.) Provide the Following Financial Information (REQUIRED):

a) Amount of Camper/Parent Guardian/Family contribution: \$ \_\_\_\_\_

b) Amount of assistance from your church: \$ \_\_\_\_\_

c) Signature of Parent/Guardian: \_\_\_\_\_

d) Signature of Church Pastor: \_\_\_\_\_

e) Email of Church Pastor: \_\_\_\_\_

## 4.) Submit Your Completed Form:

1. **Mail:** MN District AG / Attn: Camp Scholarships / 1315 Portland Ave S. / Minneapolis, MN 55404

2. **Scan & Email:** rachelroberts@mnaog.org