

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

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

Aldersgate 324 University Ave. 3 <sup>rd</sup> fl. Syracuse, NY 13210	Asbury PO Box 218 Silver Lake, NY 14549	Casowasco 158 Casowasco Dr. Moravia, NY 13118	Findley 2334 Sunnyside Rd. Clymer, NY 14724	Sky Lake 501 William Law Rd. Windsor, NY 13865	Skye Farm 1884 E. Schroon River Rd. Warrensburg, NY 12885
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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 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)
2. The scholarship application must be sent to the camp director at the address for 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 \_\_\_\_\_ SEX \_\_\_\_\_  
PARENT/GUARDIAN'S NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_

Camp program attending: \_\_\_\_\_ Camp dates: \_\_\_\_\_

Site:     Aldersgate     Asbury     Casowasco     Findley     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)

\_\_\_\_\_  
\_\_\_\_\_

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

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

Name of Pastor: \_\_\_\_\_ Church: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

District: \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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(for Office Use Only)

Camp program attending: \_\_\_\_\_ Site: \_\_\_\_\_

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