



Lutheridge Lutherock Ministries, Inc.  
 Scholarship Office  
 28 Spruce Drive  
 Arden, NC 28704  
 (828) 684-2361, fax: (828) 684-5196  
 info@llmi.org

## Scholarship Application

**IMPORTANT INFORMATION – PLEASE READ:** It is the intent of Lutheridge Lutherock Ministries, Inc. (LLMI) that money not be the sole reason a person does not come to camp. Through the generosity of donors, LLMI is able to offer needs-based partial scholarship assistance. Everyone, who otherwise could not afford to come to camp, is welcome to apply for a partial scholarship. In an effort to help as many people as possible, it is our hope that we achieve a partnership between the family, home church and camp. Please return completed form to the Scholarship Office above. **Please note: if a camper's registration has already been paid in full, scholarship funds cannot be used as a form of reimbursement.**

Date: \_\_\_\_\_ Camper/Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
 (or name & relationship of person requesting scholarship)

Address: \_\_\_\_\_  
 (where award letter should be sent)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check one: Youth Participant \_\_\_\_ (Grade just completed: \_\_\_\_ ) OR Adult Participant: \_\_\_\_

Has participant already registered? \* \_\_ Yes \_\_ No Which site? Check one: \_\_ Lutheridge \_\_ Lutherock

Name & date of program: \_\_\_\_\_

**\*Please note that this scholarship application does not serve as a registration for camp nor will it save your spot in a specific program.**

Full cost of program: \$ \_\_\_\_\_ Family/friends can provide: \$ \_\_\_\_\_

Congregation/agency can provide: \$ \_\_\_\_\_ Amount requested in scholarship  
 from LLMI (cannot be full): \$ \_\_\_\_\_

Home Church/Agency: \_\_\_\_\_ City/State: \_\_\_\_\_

Printed Name of Pastor/Church Council Pres./Agency Rep.: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Signature of Pastor/Church Council Pres./Agency Rep.: \_\_\_\_\_  
 (Required if scholarship request exceeds 1/4 of the total cost of the program. Please print and sign.)

Brief description of circumstances (use back of form if more space is needed):

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Updated 12/16/10	<b>FOR OFFICE USE ONLY</b> Date recv'd _____ Deposit recv'd _____ Cost of program _____ Scholarship award _____
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