



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):

| | |
|-----------------------|-------------------------|
| FOR OFFICE USE ONLY | |
| Date recv'd _____ | Deposit recv'd _____ |
| Cost of program _____ | Scholarship award _____ |