

GREEN LAKE LUTHERAN MINISTRIES SCHOLARSHIP APPLICATION

9916 Lake Ave. S., Spicer, MN 56288

Attn: Camp Registrar

Email: kpeterson@gllm.org

CONTACT INFORMATION

Camper Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Church Name: _____ City: _____ Church Phone#: _____

Pastor's Name: _____ Pastor's email address: _____

CAMP PROGRAM

First Choice _____ Week # _____ Dates: _____

Second Choice _____ Week # _____ Dates: _____

SCHOLARSHIP INFORMATION

1. Does your church offer camperships? ____ Yes ____ No If yes, what amount? \$ _____
2. What campership amount you are requesting? \$ _____
3. How much will you be able to pay for this week of camp? \$ _____

Parent/Guardian Signature _____

**Please return this form along with the completed registration form and payment, if any, to the address listed above.
If you have questions, contact us at 320-796-2181.**

It is our goal that no child or adult misses out on coming to camp based on financial need or hardship. GLLM will send a confirmation email or letter to you upon processing your scholarship request.

****In cases of financial need, as an organization we have opted to scholarship campers at the highest tier.
This does not affect the obligation of the camper's family. It is only an internal policy and process.**

OFFICE USE ONLY

Date Received: _____ Amount Approved: \$ _____ Approved By: _____ Date: _____

Parent/Guardian notified: Date: _____ Email _____ Mail _____ By: _____