

GREEN LAKE LUTHERAN MINISTRIES SCHOLARSHIP APPLICATION

9916 Lake Ave. S., Spicer, MN 56288

Attn: Registrar

Email: camp@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.

OFFICE USE ONLY

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

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