



Scholarship Application

Please complete all fields and mail to: Green Lake Lutheran Ministries
9916 Lake Avenue South, Spicer, MN 56288

CONTACT INFORMATION:

Camper's Name _____
Parent(s)/Guardian(s) _____
Address _____
City _____ State _____ Zip Code _____
Parent/Guardian Phone Number 1 (_____) _____ Phone Number 2 (_____) _____
Parent/Guardian Email _____
Church and City (no abbreviations please) _____
Pastor's Name _____
Church Phone (_____) _____ Pastor's Email _____

SCHOLARSHIP INFORMATION:

Does your church offer scholarships? YES NO If yes, what amount? _____
What scholarship amount are you requesting from Green Lake Lutheran Ministries? _____
How much will you be able to pay for this week of camp? _____

Parent/Guardian signature _____ Date _____

Please return this form, along with the completed registration form and payment, if any, to the address listed above. If you have questions, please contact our office 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. Green Lake Lutheran Ministries will send a confirmation email or letter to you upon processing your scholarship request.

OFFICE USE ONLY:

Date Received _____ Amount Approved \$ _____ Approved by _____
Tier 3 Cost _____
Discounts _____
Church Pay _____
Self Pay _____
Total Scholarship _____