



SCHOLARSHIP FORM

It is our goal that no one misses out on coming to camp based on financial need or hardship.

Please return this form, along with the completed registration form and payment, if any, to Water's Edge Ministries, Attn: Registration & Reservation Manager, 9916 Lake Avenue South, Spicer, MN 56288.

We will send a confirmation email or letter to you upon processing your scholarship request. Requests are typically reviewed within a few business days. If you have questions, please contact our office at 320-796-2181.

CAMPER INFORMATION

Camper Name _____

Parent(s)/Guardian(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Parent/Guardian Phone Number 1 _____

Parent/Guardian Phone Number 2 _____

Parent/Guardian Email _____

Church & City (no abbreviations please) _____

Pastor's Name _____

Pastor's Email _____

Church Phone _____

SCHOLARSHIP INFORMATION

Does your church offer scholarships? Yes No

If yes, what amount? _____

What scholarship amount are you requesting from Water's Edge Ministries? _____

How much will you be able to pay for this registration? _____

OFFICE

USE ONLY

Full Fee Cost _____

Discounts _____

Church Pay _____

Self Pay _____

Total Scholarship _____

Date Received _____

Amount Approved _____

Approved By _____