

**THE CAMP AT FINDLEY  
CAMPER SCHOLARSHIP PACKET**



Dear Scholarship Applicant,

We understand it can be difficult to raise a family in these hard economic times, especially if you are a single parent, have multiple children, or are on a fixed income. Our desire is to give every child the opportunity to attend camp, and we will gladly assist any family with financial need. The attached material is set up so that we can make the best judgment in the distribution of the scholarship funds the Lord has provided.

Please carefully read the guidelines before filling out the application. When you fill out the application, please indicate the total amount you are able to pay. After you fill out the application, please return it as soon as possible. Upon approval we will reach out to you to indicate that you have received the scholarship and you may proceed to register your camper for their desired camp week.

If you have additional questions, feel free to reach out. Thank you for your assistance!

Blessings,

The Camp At Findley

PLEASE READ CAREFULLY

1. In order to be considered for scholarship money, a written request must be made explaining the basis for your need.
2. We encourage each applicant to try using other discount programs or scholarships first. Many churches will assist with scholarships if the applicant's attend regularly. Grandparents can also be a helpful resource.
3. Each applicant will be asked to determine what amount they can pay toward the total cost. Please do not leave this section blank. We encourage you to contribute, even if it is a minimal amount.
4. Scholarships are available for no more than one week of camp.
5. Scholarships are awarded according to need, sincerity of interest, registration openings, and sponsorship.

I have read the guidelines for scholarship and willingly comply according to the spirit of the scholarship program.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian

Return application to the address below or email it to: [office@thecampatfindley.com](mailto:office@thecampatfindley.com)

The Camp At Findley Scholarship Program

2334 Sunnyside Road

Clymer, NY 14724

**The Camp At Findley Scholarship Application**

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Week of Camp Desired (Label each week in order of preference):

Mini Camp \_\_\_\_\_ Session 1 \_\_\_\_\_ HSession 2 \_\_\_\_\_

Teen Mission Camp \_\_\_\_\_

Church Affiliation (If any): \_\_\_\_\_

Pastor/Leader: \_\_\_\_\_

REASON FOR FINANCIAL NEED: Below please include an outline of your financial need for a camp scholarship, and any efforts you have made towards earning funds or taking advantages of discounts presently offered.

PLEASE INDICATE the amount you could pay toward the total fee of camp registration (Mini Camp \$200, Summer Camp Session 1 \$300, Summer Camp Session 2 \$300, Teen Mission Camp \$300) \$ \_\_\_\_\_

Financial Need Summary: \_\_\_\_\_

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