

Needs Based Scholarship Application 2010

Pilgrim Point Camp
P. O. Box 305
Alexandria, MN 56308
320-763-6549

Name of Camper: _____

Camper Parent/Guardian: _____

Name of Camp wanting to attend: _____

Date of Camp wanting to attend: _____

How much of the camp fee can the camper/guardian contribute? \$ _____

How much can the church the camper attends contribute? \$ _____

Scholarship requested from camp: **up to 50% of early registration fee** \$ _____

Total camp fee: \$ _____

Special circumstances, Check any that apply:

- Camper is from an unemployed family
- Camper is from an underemployed family
- Family has 4 or more children from the same household attending camp
(maximum of 1/3 of early registration fee for each camper)
- Other _____

There is an option of reduced rates (scholarship) for camp if a family member volunteers to direct a camp, teach at the family camps, or counsel at the children or youth camps. Please talk to Evelyn or Dee about this option.

Parent/Guardian's phone number: _____

Parent/Guardian's e-mail: _____

Address: _____

City _____ State _____ Zip _____

Church where camper attends: _____

Church phone number: _____

Name of minister: _____

Parent/Guardian's signature: _____ Date _____

UCC Minister's signature: _____ Date _____

Scholarships are limited to members of the Minnesota Conference UCC

*Any questions please contact the Pilgrim Point Camp office: (320)763-6549
Or e-mail the Managing Director, Dee Dressler dee@pilgrimpoint.org*