



# Scholarship Request Form

Dear Scholarship Applicant:

Thank you for your interest in Living Waters Bible Camp and your desire to participate in this rewarding, life-changing experience.

Our desire regarding financial assistance here at Living Waters is to provide financial assistance to as many families in need as we can. In order for us to make wise decisions regarding the distribution of limited scholarship funds and to assist you to the fullest, we need to know some additional information. Please note that this information is kept in the strictest confidence. (Please fill out form completely and use back side for additional space)

*Need-based, partial scholarships* will be provided for campers and families as funds are available to cover the basic session fee(s). Once your request is processed we will contact you regarding the amount of scholarship that has been granted. Scholarship recipients are asked to write a letter of thanks at the end of their summer session.

If you are unable to pay your fee all at once or even at the time of registration, you can pay monthly as you are able, before and after the camp session.

Parent/Guardian(s) name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_  
 Monthly Household Income (pre-tax): \_\_\_\_\_ Other Monthly Income (Child Support, etc): \_\_\_\_\_  
 Number of Adults in Household: \_\_\_\_\_ Number of Children under 18: \_\_\_\_\_

If you attend a church, have you checked with them about available camp scholarships? Yes\_\_\_ No\_\_\_  
 Church: \_\_\_\_\_ Amount awarded by Church: \_\_\_\_\_  
 City: \_\_\_\_\_ Church Phone: \_\_\_\_\_ Church Contact: \_\_\_\_\_

Camper Name (1): \_\_\_\_\_ Name/Date of Camp attending: \_\_\_\_\_  
 Camper Name (2): \_\_\_\_\_ Name/Date of Camp attending: \_\_\_\_\_  
 Camper Name (3): \_\_\_\_\_ Name/Date of Camp attending: \_\_\_\_\_

How much are you able to pay for (including the deposit)? \_\_\_\_\_

Would you like to pay a monthly amount? Yes\_\_\_ No\_\_\_ How much are you able to pay each month? \_\_\_\_\_

**Family Camp Only:** How many will be attending camp: \_\_\_\_\_  
 Please provide the names and ages (ie- John, 6; Susie, 3, etc...) of those planning to attend:

Why do you think your child(ren) or family will benefit by attending Living Waters Bible Camp? (Use additional space if necessary).

**Please return completed form 2+ weeks prior to the camp session:**  
 Living Waters Bible Camp  
 Attention: Office Manager  
 E8932 Reo Avenue  
 Westby, WI 54667  
 Office1@lwbc.org

If your financial situation changes, please let us know so that we may adjust the amount of scholarship in order to provide help to others in need.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have questions please feel free to contact us!**  
**608-634-4373 or Office1@lwbc.org**

| <b>FOR OFFICE USE ONLY</b> |  |                          |  |
|----------------------------|--|--------------------------|--|
| Date Received:             |  | Application Complete:    |  |
| Notification Sent:         |  | Scholarship Amount:      |  |
| Session:                   |  | Family Portion Required: |  |