

# Diocese of California – Department of Camp Ministries SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Church/City \_\_\_\_\_ Rector/Vicar \_\_\_\_\_

Name and date of event attending \_\_\_\_\_

*No one is turned away from Diocesan events due to financial hardship. The expense of this event is to be shared amongst the participant, his/her congregation and the Department of Camp Ministries. Please provide a few sentences as to your reasons for requesting financial aid.*

## Statement of Need

\_\_\_\_\_  
\_\_\_\_\_

## Amount Requested

- |  |          |          |
|--|----------|----------|
| 1. Total Cost of Event   |          | \$ _____ |
| 2. Amount paid by participant  | \$ _____ |          |
| 3. Amount paid by congregation   | \$ _____ |          |
| 4. Add lines 3 & 4   |          | \$ _____ |
| 5. Subtract the amount from line 4 from line 1. This is the scholarship amount paid by Camps & Conferences |          | \$ _____ |

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (if participant under age 18) \_\_\_\_\_ Date \_\_\_\_\_

## **For Your Rector or Vicar**

I verify that, to the best of my knowledge, the above named applicant is in need of scholarship aid in order to attend the above listed program. Enclosed is \$ \_\_\_\_\_ as partial scholarship from my congregation.

Rector or Vicar signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed scholarship application and checks made payable to The Bishop's Ranch to:  
The Department of Camp Ministries  
5297 Westside Road  
Healdsburg, CA 95448

**Office use only:** Scholarship amount granted \$ \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_