



**Scholarship Assistance
APPLICATION FORM**

Date of Application: ___/___/___

(Please Print)

APPLICANT'S NAME _____ Phone () _____

Parent or Guardian (if under 18) _____

Street Address _____

City/State/Zip _____ Email _____

Event Registered For _____ Date _____

Please list those who will be attending this ministry program

Spouse's Name: _____

Children's Names: (First and Last)	Relationship	Sex	Grade	Birthdate	Program Fee
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

YOUR TOTAL COST FOR PROGRAM \$ _____

AMOUNT OF SCHOLARSHIP REQUESTED \$ _____

Please explain the specific reasons you are applying for scholarship assistance:

Applicant Income Per Year

Father/Male _____ Income Per Year _____

Source of income _____

Mother/Female _____ Income Per Year _____

Source of income _____

Have you ever been to Cedar Lake Ministries before? _____ If so, what year(s)? _____

Church _____ Phone () _____

Pastor _____

Street Address _____

City/State/Zip _____

Please provide us with a reference who can verify your request: (optional)

Name _____ Relationship to you _____

Street Address _____ Phone () _____

City/State/Zip _____

After completing this page, please give to your church or organization to complete the back of this form and mail to our office.

CHURCH OR ORGANIZATION SECTION

The Cedar Lake Ministries' scholarship program is designed to provide scholarships for those who have a valid need. The applicant will pay a deposit for the camp/conference and any other amount they can afford. We would then like to ask the applicant's church or organization to validate the need of the applicant and to contribute to the cost if possible. Cedar Lake will then scholarship the remaining cost within a reasonable amount.

Please fill in the information below:

_____ Yes, this applicant does have the need described on the front of this application

_____ Our church/organization can help provide this applicant monetary assistance with the camp/conference as indicated on front of this application. We can provide assistance in the amount of _____ and we will send a check on _____.

Date

Signature and title of authorized person

Date

Please return to:

Cedar Lake Ministries
PO Box 665
Cedar Lake, IN 46303

Or Fax to 219-374-5941 or E-mail to info@cedarlakeministries.org