



# cedar lake

## MINISTRIES

### Scholarship Assistance

Thank you for your interest in attending an event at Cedar Lake Ministries. It is our desire that no one misses out on a camp or retreat experience due to financial reasons. Through the generosity of thoughtful and caring friends and donors, financial assistance may be available for you to attend an event at Cedar Lake Ministries.

Because we desire to be good stewards of the funds God has entrusted to us, we request those who need financial assistance read the information below and complete the application form. If you have any questions while reviewing this information, please contact us by phone (219-374-5941) or e-mail ([info@cedarlakeministries.org](mailto:info@cedarlakeministries.org)).

### Possible Reasons for Requesting Assistance

- Financial Hardship such as Unexpected Job Loss or Major Unexpected Expense
- Family Illness Causing Depleted Savings
- Loss of Income Due to Death/Divorce
- Low Income or Single Income

### Qualifications for Assistance

Cedar Lake Ministries believes that attending an event is more meaningful when it is obtained through a joint partnership. We believe that long lasting spiritual growth is spurred on by regular involvement with a church, the local body of believers. To that end, we ask for the following conditions to be adhered to when obtaining assistance through our scholarships program.

1. At least 1/3 of the event cost is covered by the applicant. Suggestions for raising support: car wash, garage sale, babysit, request assistance from family members, or write support letters.
2. Preferably, at least 1/3 of the event cost is covered by the applicant's church or organization.
3. Limit two scholarships per family, per year.
4. Family has not been awarded assistance more than three years in a row.

### Scholarship Assistance Process

1. Register for the event online ([www.cedarlakeministries.org](http://www.cedarlakeministries.org)), and pay the required deposit. (Typically, \$50, which will go towards 1/3 of the cost the applicant is expected to pay.)
2. Complete the Scholarship Application (Page 2–3). Please send the completed form to: Cedar Lake Ministries | Attn: Scholarships, PO Box 665, Cedar Lake, IN 46303. You may also fax the form to (219) 374-7830 or e-mail it to [info@cedarlakeministries.org](mailto:info@cedarlakeministries.org).
3. Once the complete application is received, Cedar Lake Ministries will determine the amount to be scholarshiped to the applicant and notify them of this amount. Depending on the assistance provided by the church or organization, there may be a balance which the applicant will be expected to cover.



## Scholarship Application (Please Print)

Date of Application: \_\_\_/\_\_\_/\_\_\_

Event Requesting Assistance For:

Applicant Name:

Parent or Guardian's Name (if under 18):

Person Completing this Application:  
(if different from name above)

Applicant Mailing Address:

City/State/Zip:

If we have questions or updates regarding the application, how can we contact you?

Phone: (     )     -

Email:

**Please list all who will be attending this event, including yourself if you are participating.**

Attendee's Names (First and Last)	Relationship To Applicant	Gender	Birth Date	Event Fee
			/ /	\$
			/ /	\$
			/ /	\$
			/ /	\$
			/ /	\$
<b>TOTAL Event Cost for All Attendees</b>				<b>\$</b>
<b>Cost Applicant is Able to Cover</b> (must be at least 1/3 of event cost)				<b>\$</b>
<b>Cost Church or Organization is able to Cover</b>				<b>\$</b>
<b>Amount of Scholarship Requested</b>				<b>\$</b>
<b>For Office Use Only:</b>				<b>\$</b>
Amount of Scholarship to Be Awarded				
Rec'd Date	Approved D/In	Entered D/In	Notified D/In	

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

Father/Male Name:	Income Per Year: \$
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Source of Income:

Mother/Female Name:	Income Per Year: \$
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Source of Income:

**Have the applicants ever been to Cedar Lake Ministries or Catalyst camps before?  
If so, what year(s)?**

Church Name:	Pastor Name:
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Church Address:	Phone:
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City/State/Zip:

**Please provide us with a reference who can verify your request/need.**

Name:	Relationship to You:
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Address:	Phone:
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City/State/Zip:

**Please have your church or organization complete the remainder of the form.**

The Cedar Lake Ministries' scholarship program is designed to provide scholarships for those who have a valid need. The applicant will pay at least 1/3 of the cost of the camp or retreat. We then ask the applicant's church or organization to validate the need of the applicant and contribute 1/3 of the cost. CLM will then scholarship the remaining cost within a reasonable amount.

\_\_\_\_\_ Yes, this applicant does have a need as described on Page 1.

Our church/organization **can help provide** this applicant with financial assistance.

We can provide assistance in the amount of \$ \_\_\_\_\_. We will send a check, payable to CLM with the applicants name in the memo line, on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).

**OR**

\_\_\_\_\_ Yes, this applicant does have a need as described on Page 1.

However, our church/organization **cannot help provide** this applicant with financial assistance.

<b>Signature</b> (of authorized church/organization personnel)	<b>Title</b>	<b>Date</b> / /
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Send completed Scholarship Application to:

Cedar Lake Ministries | Attn: Scholarships, PO Box 665, Cedar Lake, IN 46303.

You may also fax the form to (219)374-7830 or e-mail it to [info@cedarlakeministries.org](mailto:info@cedarlakeministries.org).