



## Pastoral Reference for Summer Camp Scholarship

**Skyview Ranch**  
7241 T.R. 319  
Millersburg, OH 44654  
(330) 674-7511  
Fax: (330) 674-4606  
[camp@skyviewranch.org](mailto:camp@skyviewranch.org)  
[www.skyviewranch.org](http://www.skyviewranch.org)

Name of Scholarship Applicant: \_\_\_\_\_

*Skyview Ranch is a Christian camp and retreat center for youth, adults and families. Skyview exists to serve and glorify the Lord Jesus Christ by serving primarily as a supporting arm of the local church, using the unique freshness of the outdoor setting for the purpose of evangelizing, discipling and motivating its Ranchers to return home and serve in the local church.*

### **Applicant Authorization:**

I hereby authorize \_\_\_\_\_ to provide Skyview Ranch with the information requested. I release him/her from all liability in the giving of this information.

\_\_\_\_\_  
Signature of Scholarship Applicant (Guardian)

\_\_\_\_\_  
Date

**\_\_\_\_\_**  
*This portion to be filled out by Pastor*

### **Please Provide information for the following:**

How do you know the Scholarship Applicant?

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

Would you consider this applicant a prime choice for Scholarship assistance?     Yes     No

*See Reverse Side*

Would your church be interested in assisting this applicant financially for Summer Camp?

Yes  No

If yes, how much? \_\_\_\_\_

What makes this applicant eligible for camp scholarship assistance?

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**Signature** **Date**

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Church \_\_\_\_\_

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Address City State Zip

Please mail this form directly to Skyview Ranch in the envelope provided for you.  
**The application process is not complete until we receive completed references for scholarship applicants.**

*Thank you very much for your time and help.*

