

SKYVIEW RANCH

2012 CAMP SCHOLARSHIP APPLICATION

Skyview Ranch, Christian Camp & Conference Center, is pleased to be able to offer scholarship assistance for youth and adults participating in camp programs. As the Lord continues to work in many campers to bring them into a relationship with Him, we desire to see all campers have opportunity to take part in what may be the most significant week in their lives. We desire for everyone who wants to come to camp to be able to do so.

This makes the division of scholarship money extremely important. Those who sincerely need financial assistance are encouraged to apply for scholarship. Funds are reserved for those potential campers who have the greatest need.

Skyview recommends contacting the pastor of your local congregation about any scholarship assistance your church may have.

Steps for completing the Application Process:

- Give Reference Forms and Skyview Return Envelope to non-relative friends to complete and return to Skyview. If you are involved with a local church, please have your Pastor complete one of the Reference Forms
- Complete and return the enclosed Application and a copy of your most recent IRS 1040 to Skyview Ranch.
- Application, 1040 and Reference Forms must be returned to Skyview 2 weeks prior to camp dates to ensure processing time.
- Applicants accepted for assistance will receive a confirmation in the mail that states your application has been accepted and the amount of assistance.
- To complete the process you must call or email Skyview Ranch to confirm your acceptance of the scholarship.
- After the camp program we ask you send a letter expressing your gratitude to Skyview Ranch. Skyview will then forward your letter to the appropriate donor of your scholarship funding.



7241 Township Road 319
Millersburg, OH 44654
330.674.7511
FAX: 330.674.4606
Email: camp@skyviewranch.org



2012 CAMP SCHOLARSHIP APPLICATION

Camper's Name (one camper per application)

Birth date (M/D/Y)

Street Address/City/State/Zip Code

(_____) _____
Home Phone Number

Camp name/date planning to attend

Name of Local Church/City

Father/Male Guardian Information:

Name

(_____) _____
Phone Number

Street Address/City/State/Zip Code (if different than above)

Occupation

Email

Mother/Female Guardian Information:

Name

(_____) _____
Phone Number

Street Address/City/State/Zip Code (if different than above)

Occupation

Email

Scholarship Information:

Annual Household Income: _____

Number of Persons in Household: _____

Scholarship amount for which are you asking Skyview Ranch? _____

Have you attended Skyview Ranch Summer Camp before? Yes No

Will there be other children from your family attending the Skyview Ranch Camp programs?
 Yes No

If yes, how many children? _____ Which camp weeks? _____

Signature of Parent/Legal Guardian

Date

Send application and reference letters to:
Skyview Ranch 7241 Township Road 319 Millersburg, OH 44654

For Office Use Only

- Application
- Reference
- Reference
- Thank You Letters



Reference for Camp Scholarship

Skyview Ranch
7241 T.R. 319
Millersburg, OH 44654
(330) 674-7511
Fax: (330) 674-4606
camp@skyviewranch.org
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 Reference

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

**Send application and reference letters to:
Skyview Ranch 7241 Township Road 319 Millersburg, OH 44654**

If representing a church or state assistance agency, is your organization interested in supporting this applicant financially for Camp?

Yes No

If yes, how much? _____

What makes this applicant eligible for camp scholarship assistance?

Signature **Date**

Phone: () _____ Email: _____

Church _____

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.



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