



Reference for Camp Scholarship

Skyview Ranch
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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 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

See Reverse Side

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.

