



Ligonier Camp and Conference Center

2013 SCHOLARSHIP

Dear Parent or Guardian of Camper,

We are glad for your interest in Ligonier Summer Camp and your request for a scholarship. It is our desire that all campers are able to attend, regardless of financial status. Due to limited scholarship funds, we ask that you contribute as much as you are able toward your child's tuition. (Please note that horseback riding is not covered by scholarship.) It is our hope that your church will also be able to assist in providing this summer opportunity for your child.

Please complete the **Scholarship Application** in full and **return to Marilyn Foote within 10 days of receipt**. (Camp Scholarship should be marked on the envelope.)

If you attend a church frequently, the **Home Church Endorsement Form** should be filled in where indicated by (*) and given to the church to complete. They should mail it directly to the Camp Scholarship Committee.

Sincerely in His Service,

The Scholarship Committee
Ligonier Camp and Conference Center

*For further information regarding scholarships please contact Marilyn Foote at:

Phone: (724)935-2734

Email: efoote@zoominternet.net

Expectations for all campers:

- cooperation
- appropriate attitude
- participation in all activities
- respect for staff and other campers

Ligonier Camp & Conference Center 2013 Scholarship Application

Scholarships are for those who can not go to camp unless they receive aid. Our funds are limited, and only partial scholarships are available. Please call if you need further assistance. All this information is strictly confidential. The complete form must be filled out or it will be returned which will delay the process. **Please check selected session below and complete in ink.**

<u>Classic Camp</u>	<u>Fees</u>
__1 June 16-22	\$425
__2 June 23-29	\$425
__3 June 30 - July 13	\$695
__4 July 14-20	\$425
__5 July 21 - Aug 13	\$695
__6 Aug 4-10	\$425

<u>Next Level</u>	<u>Fees</u>
__1 June 16-22	\$450
__2 June 23-29	\$450
__3 June 30 - July 13	\$450

<u>Little Ligs</u>	<u>Fees</u>
__1	\$180
__2	\$180

***Scholarship funds are available if your camper is attending only one session of camp.**

****Horseback riding is for Classic Camp only and not covered by scholarship.**

Camper's Name _____ Male Female

Address _____ Home Phone _____

City _____ State _____ Zip _____ Alternate Phone _____

Date of Birth _____ Age as of Dec. 31, 2013 _____ Grade as of Sept. 2013 _____

Home Church _____ Phone _____

Address _____

Pastor's Name _____

Please Complete the Home Church Endorsement Form where indicated by an (*) and give to a pastor/ youth leader.

Who suggested you request a scholarship, and how have they been associated with LCCC?

Please name (if applicable) someone you know who has attended Ligonier Camp or been on staff.

Father/Guardian's Place of Employment: _____

Mother/Guardian's Place of Employment: _____

Total Yearly Family Income \$ _____

Names/ages of other children in family: _____

State reasons why your camper needs a scholarship: _____

How much can you contribute to the balance of the camp fee? \$ _____ Amount shown should not include the \$50 deposit.

Has camper received a scholarship in previous years? _____

The Home Church Endorsement Form was given to my church for completion. Yes No

If no, briefly state why. _____

To be filled in by camper:

I would like to go to Ligonier Summer Camp because _____

Date

Camper's Signature

To be filled in by parent or guardian:

Why would you like your child to attend Ligonier Camp, and how do you think he/she will benefit from a camping experience?

Date

Parent's/Guardian's Signature

Please print Parent's/Guardian's name

Mail scholarship request to:

**Marilyn Foote
Scholarship Committee
140 McCandless Place
Wexford, PA 15090**

**Any questions call: (724) 935-2734
E-mail: efoote@zoominternet.net**

- Scholarships are nontransferable.
- If you receive a scholarship you are expected to stay the full session.

Please choose your preferred form of communication:

- E-mail _____
Please print e-mail address clearly.
- US Postal Service

We are glad your camper is interested in coming to Ligonier Summer Camp in 2013!



Ligonier Camp and Conference Center

Dear Pastor/Director of Education,

Ligonier Camp and Conference Center has been proclaiming Christ's Kingdom for over 99 years. It is a joy and a privilege for us to assist families by helping those in need. Each year the scholarship committee is able to give nearly \$40,000 in financial assistance. Please consider joining with us in supporting children from your church.

Enclosed is the Home Church Endorsement Form for camping scholarships. Please review, complete, and return as soon as possible.

May God's richest blessings be upon you and your ministry!

Yours in Christ,
The Scholarship Committee
Ligonier Camp & Conference Center

Ligonier Camp & Conference Center

Home Church Endorsement Form

2013 Camping Scholarship Request

Dear Pastor/Director of Christian Education:

I am applying for a scholarship to Ligonier Camp. My child is very interested and excited about participating in this Christian camping experience.

*Camper Name (Print) _____

*Parent/Guardian Name (Print) _____

*He/she is applying for the following session:

<u>Classic Camp</u>	<u>Fees</u>
__1 June 16-22	\$425
__2 June 23-29	\$425
__3 June 30 - July 13	\$695
__4 July 14-20	\$425
__5 July 21 - Aug 13	\$695
__6 Aug 4-10	\$425

<u>Little Ligs</u>	<u>Fees</u>
__1	\$180
__2	\$180

<u>Next Level</u>	<u>Fees</u>
__1 June 16-22	\$450
__2 June 23-29	\$450
__3 June 30 - July 13	\$450

(THIS PORTION IS TO BE COMPLETED BY THE CHURCH)

The scholarship committee requests that the church completes a recommendation and considers the possibility of assisting with the financial aid directed toward my child.

- The church will contribute \$_____.
- The church is not able to contribute.
- Check is enclosed.
- Check will be sent by (date): _____

Please make checks payable to Ligonier Camp & Conference Center and mail to:

Marilyn Foote - Scholarship Committee
140 McCandless Place
Wexford, PA 15090

Recommendation of Pastor/Director of Christian Education _____

Name of Church: (Please Print) _____

Address _____

Phone _____ Date _____

Pastor/Director of Christian Education _____

***If you have any questions regarding scholarships please contact Marilyn Foote at:**

Telephone: (724) 935-2734

Email: efoote@zoominternet.net