

The Bishop's Ranch Camp Ministries Scholarship Application



Camper Name:

First _____ Last _____

Address _____

City _____, State _____ Zip Code _____

Phone Number (____) _____ - _____ Email Address _____

Parent/Guardian if under 18 (please print) _____

Church/City _____ Rector/Vicar _____

Name and dates of event attending _____

No one is turned away from our camps due to financial hardship. We ask that the participant pay a portion and request aid from their parish if available. The guideline is for each to pay one-third of the cost. Please provide a few sentences as to your reasons for requesting financial aid.

Statement of Need _____

Amount Requested

1. Total cost of event \$ _____
2. Amount paid by participant \$ _____
3. Amount paid by congregation \$ _____
4. Sum of lines 2 & 3 \$ _____
5. Subtract line 4 from line 1. This is the scholarship amount to be paid by Camp Ministries \$ _____

Participant signature _____ Date _____

Parent/Guardian signature (if participant is under 18) _____ Date _____

For Your Rector or Vicar

I verify that, to the best of my knowledge, the above named applicant is in need of scholarship aid in order to attend the above listed program. Enclosed is \$ _____ as partial scholarship from my congregation.

Rector/Vicar Signature _____ Date _____

Please mail this registration packet fully completed to:

The Bishop's Ranch – Summer Camps
5297 Westside Road
Healdsburg, CA 95448

Please make checks payable to The Bishop's Ranch and send all paperwork to this address. You will receive confirmation upon registration and an informational letter 2 weeks before camp.

Thank You!