

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 email this completed form to camps@bishopsranch.org or send it to:

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

Please make checks payable to The Bishop's Ranch. Contact 707-433-2440 x133 for questions.

Thank You!