



MISSION MEADOWS

Camper Scholarship Request Form

To request a grant from the Mission Meadows Scholarship Fund, please fill out this form and mail it to Mission Meadows with the camper's registration form and deposit. (The deposit will be refunded if scholarship assistance is not granted.)

Name of Camper _____ Phone (____) _____

Name of Camper's Parents/Guardians _____

Sponsoring Church/Organization _____ Phone (____) _____

Church Contact Person _____ Phone (____) _____

Amount of scholarship requested \$ _____

Amount Church/Org. will contribute \$ _____

Balance to be paid by camper \$ _____

Camp Week Desired: First Choice _____

Second Choice _____

Briefly state why financial assistance is needed: _____

Please mail form to:
Mission Meadows
5201 East Lake Road
Dewittville, NY 14728

This form may be photocopied if additional forms are needed.

(716) 386-5932 www.missionmeadows.org camping@missionmeadows.org

Mission Meadows, 5201 East Lake Road, Dewittville NY 14728