



Camp Chippewa est.1958

2577 Idaho Road

Ottawa, KS 66067

A Camping & Retreat Center of The United Methodist Church Kansas East Conference

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Scholarship Application - 2010

To be completed by your local Pastor and mailed to:

**Summer Camp Scholarship & Registration
Camp Chippewa
2577 Idaho Rd., Ottawa, KS 66067**

The Kansas East Conference camping program desires that youth be able to attend camp, regardless of their ability to pay. Therefore, limited funds are available to assist persons in need to attend Camp Chippewa. To apply for funds the following guidelines need to be followed.

- 1) Your Pastor should complete this form. By doing so you are certifying that there is financial need greater than can be provided by the family and the church.
- 2) The scholarship request must be sent to the Camp Chippewa address in order to be processed. Our office prefers scholarship applications be sent with the summer camp registration.
- 3) To help build ownership, families are expected to provide at least a token amount of funds. Children and youth are encouraged to raise funds themselves if necessary.
- 4) There is a limit of one Camp Chippewa Scholarship per individual per summer for financial assistance.
- 5) To assist as many campers as possible, Scholarships will be granted in an amount equal to the local church's financial assistance, with a maximum of *\$50.00 per camper, for those attending 5-Day camps (C-I-T scholarships \$25.00). Scholarships for 3-Day camps will be granted at a maximum of \$25.00 per camper. A \$10.00 scholarship is available to KAP Campers, Day camps and Family camp is limited to \$2.00. If campers move to a shorter week of camp the scholarship amount will be adjusted. (If there are special circumstances that may require greater support, the pastor of your church should contact the Director of Camp Chippewa personally in a written note.)

CAMPER'S NAME: _____ GRADE _____ AGE _____ SEX _____

FULL ADDRESS: _____ PHONE: (____) _____

Camp registered for: _____ Camp # _____ Camp Dates: _____

With whom does applicant reside? _____ Name(s): _____

Clergy, must complete what information is being used to determine need, areas of special concerns or problems that the camp should be made aware? *(Please be specific, information will be kept confidential, use back if more space is needed)* _____

Signature of Clergy: _____ Church: _____ Date: _____

(I certify that there is sufficient need for requesting Camp Scholarship funds)

Church Address: _____ District: _____ Phone: _____

The cost of camp will be covered as follows:

The Families portion of camp fees \$ _____

**Scholarships may not be used as the \$50.00 deposit fee for campers to register.*

Amount coming from the Local Church \$ _____

Amount coming from other Organizations \$ _____

Scholarship 12/09rem

Amount request from Chippewa Scholarship \$ _____