



## Scholarship Assistance Program Information and Instructions

The Lord is working at Five Pines. We know He has used this camp to impact many lives, resulting in individuals growing in their relationship with Jesus Christ. Our desire is to connect children and teens with God, His Word and the Salvation He offers each of us. We feel God has blessed Five Pines with quality facilities in a refreshing rural setting and a dynamic and dedicated staff who love the Lord and desire to serve Him.

Through the generosity of thoughtful and caring people, ***financial assistance of up to 50 percent of your total cost may be offered to you*** for either summer camp, Summit Bound trips or Five Pines' sponsored retreats. In an effort to make these important opportunities available, fees are held as low as possible. Still, there may be families who, for one reason or another, are unable to afford the full cost of the program. It is for those families that we are happy to offer this opportunity.



### HOW TO APPLY

1. Complete and return the ***Scholarship Assistance Application Form and go on-line to register with deposit.***

Send to:

Five Pines Ministries  
Scholarship Fund  
6597 Smith Rd.  
Berrien Center, MI 49102

2. Consideration will be based on the availability of funds and the need for assistance.
3. Notification of rewards will be made on a revolving basis.

Please send requests to Five Pines for our consideration at least one month prior to the event.



### HOW YOU CAN HELP OTHERS

*If you would like to make a tax-deductible donation to the Five Pines Ministries' Scholarship Fund, please call Michael Holets, Executive Director of Five Pines at (269)471-1396 or e-mail [fivepines@fivepines.org](mailto:fivepines@fivepines.org)*



# SUMMER CAMP SCHOLARSHIP APPLICATION

**MAXIMUM AWARD IS 50% OF CAMPER FEE**

Revised 4/8/15

(Please Print)

Parent or Guardian's Name(s): \_\_\_\_\_ Home Phone : \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone : \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please explain the specific reasons you are applying for scholarship assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper Name (1) \_\_\_\_\_ Relationship \_\_\_\_\_ Grade (fall 2015) \_\_\_\_\_

Camper Name (2) \_\_\_\_\_ Relationship \_\_\_\_\_ Grade (fall 2015) \_\_\_\_\_

Camper Name (3) \_\_\_\_\_ Relationship \_\_\_\_\_ Grade (fall 2015) \_\_\_\_\_

Have they been to Five Pines summer camp before? \_\_\_\_\_

If so, what year (s)? \_\_\_\_\_

Have you registered? Yes No

**If no, a registration form and deposit of \$25.00 is required for every camper. However, if for any reason you are denied a scholarship this deposit will be refunded to you in full.**

| For Office Use Only           |                     |                    |
|-------------------------------|---------------------|--------------------|
| Camp Tuition                  | Parent Contribution | Scholarship Amount |
|                               |                     |                    |
|                               |                     |                    |
|                               |                     |                    |
| Date confirmation sent: _____ |                     |                    |

Church \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Pastor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide us with two references, other than family members, who can verify your request:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_