



2017 Psalm68Five Scholarship Application

The Psalm68five Scholarship is intended for children growing up without a father present in his or her life due to, but not limited to, death, abandonment, imprisonment, or for children in foster care. This scholarship is NOT intended for most children coming from situations of divorce where the child still communicates/ interacts with his or her father.

Please fill out the application below, write a short essay on why you want to go to camp, and send in a \$25 deposit to reserve your place at camp. The deposit can be used in our camp store or refunded once you arrive at camp. (If you have questions regarding eligibility, please refer to the "Scholarships" page on our website: www.camplakelouise.com)

Please list all campers for whom you are requesting the Psalm68Five Scholarship:

Name:	Camp Attending:
_____	_____
_____	_____
_____	_____

Contact Information:

Parent or Guardian's Name(s): _____

Mailing address: _____

City, State, Zip: _____

Phone: (_____) _____ E-mail: _____

About:

Does the applicant have a father or "father-figure" present in his or her life: Yes / No
If this person is a "father-figure," what is the actual relationship of this person: _____

How did you hear about the Psalm68Five Scholarship: _____

Does your child have an adult mentor in his or her life: Yes / No Through which program: _____

Do you regularly attend a church: Yes / No If yes, name of church: _____
Church Address: _____

Are there any emotional or behavioral issues that we should be aware of prior to your child(ren) spending time at camp?
(Answers are not used to determine recipients, simply to ensure the best care of the child. Please use back if more space is needed.)

Is your camper already registered for camp: Yes / No
(Your camper must be registered before we can process a scholarship application. If for some reason you do not receive the Psalm68five Scholarship and are therefore unable to attend camp, your registration deposit of \$50 is fully refundable)

Please sign below verifying that the information provided above is accurate to the best of your knowledge:

Signature of Parent/Guardian: _____ Date: _____

Please send completed application with deposit to: CLL Registrar | PO Box 1581 | Holland, MI 49422
Or scan and email to: registrar@camplakelouise.com