

For CCRM use only

Molly Gant Scholarship Fund Application

Date Received _____
Amount Approved _____

The purpose of the Molly Gant Scholarship Fund is to provide resources for campers to attend Bluestone's Summer Camping Program when they would otherwise not be able to afford the cost of registration fees. This fund will also provide resources that will enable special activities associated with Bluestone's Counselor In Training (CIT) Program.

*All scholarship recipients will receive
a minimum scholarship of no less than half of the registration fee.*

Part I – General Information

Camper's name _____ Parent/Guardian Name _____

Camper's Address _____ Phone _____

Camper's grade level in school this coming fall _____ Preferred Camp Week _____

Preferred Camp Choice _____

Parent Guardian Employed? (Y/N) _____ Company Name _____

Amount Requesting _____ Employer Phone _____

Part II – Further Information

1. Why would you like your child to attend Bluestone Summer Camp?

2. Please have your son or daughter write a short paragraph describing why they would like to attend summer camp. Please attach the paragraph to this application.

3. Has your child attended Bluestone or any summer camp before? Please give details of which camp and date attended.

4. Please list all other camps your child will be attending this summer, such as music, sports and day camps.

Part III Church Information

1. Are you and your child currently members of a church? If so, please list the name, denomination, address, phone number and pastor of the church.

Church name _____ Denomination _____

Address _____ Phone _____

_____ Pastor _____

If you do not currently have a church family, how did you learn about Bluestone Camp & Retreat? Could you please give us a local reference for follow-up purposes?

Church or Pastor Use Only

1. To the best of your knowledge, is there a pressing financial need for a scholarship?
2. Is this an active family in your congregation?
3. Please list all other reasons you, as session, believe this applicant should receive a scholarship.

Signature of Pastor/Clerk of Session _____

Date _____ Phone to reach Pastor _____