

**LUTHER SPRINGS**



**CAMP & RETREAT CENTER**

Luther Springs: Scholarship Office  
28 Spruce Drive  
Arden, NC 28704  
(828) 684-2361, fax: (828) 684-5196  
info@llmi.org

**Scholarship Application**

**IMPORTANT INFORMATION – PLEASE READ:** It is the intent of Luther Springs that money not be the sole reason a person does not come to camp. Through the generosity of donors, Luther Springs is able to offer needs-based partial scholarship assistance. Everyone, who otherwise could not afford to come to camp, is welcome to apply for a partial scholarship. In an effort to help as many people as possible, it is our hope that we achieve a partnership between the family, home church and camp. Please return completed form to the Scholarship Office above. **Please note: if a camper's registration has already been paid in full, scholarship funds cannot be used as a form of reimbursement.**

Date: \_\_\_\_\_ Camper/Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(or name & relationship of person requesting scholarship)

Address: \_\_\_\_\_  
(where award letter should be sent)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check one: Youth Participant (Grade just completed: \_\_\_\_\_) OR Adult Participant:

Has participant already registered? \* Yes No

Name & date of program: \_\_\_\_\_

**\*Please note that this scholarship application does not serve as a registration for camp nor will it save your spot in a specific program.**

Full cost of program: \$ \_\_\_\_\_ Family/friends can provide: \$ \_\_\_\_\_

Congregation/agency can provide: \$ \_\_\_\_\_ Amount requested in scholarship from Luther Springs (cannot be full): \$ \_\_\_\_\_

Home Church/Agency: \_\_\_\_\_ City/State: \_\_\_\_\_

Printed Name of Pastor/Church Council Pres./Agency Rep.: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Signature of Pastor/Church Council Pres./Agency Rep.: \_\_\_\_\_  
(Required if scholarship request exceeds 1/4 of the total cost of the program. Please print and sign.)

Brief description of circumstances (use back of form if more space is needed):

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

FOR OFFICE USE ONLY	
Date recv'd _____	Deposit recv'd _____
Cost of program _____	Scholarship award _____