

Warren Reynolds Wilderness Camp Scholarship For kids Ages 14-18

APPLICATION DEADLINE MARCH 15, 2012



Applicants must be residents of Kent, Ottawa or Allegan County between the ages of 14 - 18.

Applications must be postmarked by March 15, 2012.

Applicant:

1. Complete entire front page of this application. Circle Option #1, #2 or Either below.
2. Application must be signed by applicant and parent/guardian.
3. Write an 200-300 word essay explaining why you should be selected to receive the Warren Reynolds Wilderness Camping scholarship. See attached form.
4. Give the completed application and your essay to your sponsor, i.e., pastor, youth pastor, school teacher or counselor at least 1 week prior to May 25 deadline. (Sponsors must be in a paid position of authority and not related to the applicant.)

Sponsor:

1. Complete the entire back page of this application; return to Grand Horizons (address at top) along with applicant's essay no later than March 15, 2012. Scholarship awards will be announced by June 30, 2012. Applicants will be notified by mail and scholarship payment will be forwarded directly to the camp.

See attached sheet: Option #1___ Option #2___ Either Option is OK___

This portion of the application to be filled out by the parent and/or guardian:

Youth's Name: _____ Boy Girl

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ___ / ___ / ___ Age: _____ Current grade: _____ School: _____

Parent/Guardian: _____ Father Mother Guardian

Home Phone: (_____) _____ Work Phone #: (_____) _____

Email Address: _____ Cell Phone: (_____) _____

Church: _____

Has the applicant ever attended an overnight camp before? Yes No

If yes, where? _____

Is applicant attending any other camps this summer? Yes No

If yes, where? _____

If accepted to the Grand Horizons Christian Camp Scholarship Program, I agree to abide by the rules of the camp I attend. _____

YOUTH'S SIGNATURE

I give my permission to the sponsoring organization to complete the information on the second page of this form to provide Grand Horizons Foundation with the information necessary to process this information. I also give permission for the use of my child's name and/or image to be used at the discretion of Grand Horizons Foundation. I understand that the parent/guardian or sponsoring organization is responsible for transportation to and from camp. Grand Horizons Foundation cannot provide transportation for scholarship recipients.

PARENT/GUARDIAN NAME

DATE

This portion of the application to be filled out by the they sponsoring organization, i.e., youth or social agency, church, etc. Person completing this portion of the form must not be related to the applicant.

Name of sponsoring organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of individual filling out form: _____

Title: _____ Phone: (_____) _____

Relationship to applicant: _____

Briefly describe the child's home environment (within guideline of confidentiality)

Why do you feel this scholarship would be beneficial to this particular child?

Does this child have any special needs/problems/concerns that the camp should be aware of? Yes No

Please explain in detail. _____

Please clearly demonstrate the financial need for this child to receive this type of scholarship (within guideline of confidentiality)

I understand the commitment and responsibility of submitting this application:

SPONSORING ORGANIZATION

INDIVIDUAL'S NAME

TITLE