

Dear Scholarship Applicant,

We understand it can be difficult to raise a family in these changing economic times, especially if you are a single parent or single income family. Our desire is to give every child the opportunity to attend summer camp, and we will gladly assist any family with financial need. The attached guidelines and application is set up so that we can make the best judgment in the distribution of the scholarship funds that the Lord has provided.

Please carefully read the guidelines before filling out the application. When you fill out the application, please indicate the total amount you are able to pay (including the deposit). After you fill out the application completely, please mail it to us (or fill it out online).

All of our registration forms are online to best serve our camp families. If you need assistance filling out the registration form, please contact our Assistant Director and Registrar, Marie, at the info at bottom of the page.

Please fill out and return as soon as possible so we can confirm your scholarship needs. Thank you for your assistance!

Blessings,

Denise Olczak
Executive Director

Please mail to:
Mystic Mountain Training Center
14520 Mystic Road
Cambridge Springs, PA 16403

Marie Olczak
Assistant Director
marie@mysticmountaintrainingcenter.org
(814) 720-2866

Scholarship Program & Guidelines

Mystic Mountain Training Center

PLEASE READ CAREFULLY

1. In order to be considered for scholarship funds, a written application **MUST** be filled out explaining the basis for your need.
2. We encourage each applicant to seek outside scholarships as well. Many churches and other programs can assist with camp scholarship needs.
3. Each applicant will be asked to determine what amount they can pay toward the total cost, the minimum being \$100. Please do not leave this blank. Under special circumstances, we can waive the \$100 fee, but such waiver must be appealed for in your application.
4. Scholarships are available for no more than one week of camp.
5. Scholarships are awarded according to need, sincerity of interest, registration openings, and sponsorship.

I have read and understood the Scholarship Program Guidelines.

Parent / Guardian Name: _____

Signature: _____ Date: _____

*** If applying for more than one camper, please add additional campers on the back of the application, to help save you some time & ink! ***

Scholarship Application

Mystic Mountain Training Center

Camper Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Age at Summer Camp: _____ Sex: _____

Week of Camp Desired (label each week in order of preference):

Week 1 _____ Week 2 _____ Week 3 _____

Church Affiliation (if any): _____

Pastor/Leader: _____

Have you reached out to other churches / organizations to assist with scholarship funds? Yes _____ No _____

If yes, where? And determination? : _____

Reason for financial need

Below please include an outline of your financial needs for a camp scholarship, and any efforts you have made towards earning funds.

Please indicate the amount you could pay toward the total fee of **\$250**.

Deposit Only (\$100): _____ \$125 _____ \$150 _____ \$175 _____ \$200 _____ Other \$ _____

Financial Need Summary:
