

PBC Scholarship Fund Application

Application#(office only)

Please complete in full, leave nothing blank and PRINT neatly. We require an email address.

Parent/Guardian Information - Applicant/Account Holder

NAME: First		Last	Day Phone	Cell Phone
Email:		Relationship to Child:(Circle one)		
Street:		Mother Grandparent Father Guardian		
City:	State:	Zip:	Registered online <input type="checkbox"/> Registration attached <input type="checkbox"/>	How many children are requesting assistance in this application? _____

Scholarship Fund Policy Statement

As a nonprofit organization, Peniel cannot guarantee that a scholarship will be awarded to your child. It is only through the generosity of donors that give specifically to our scholarship fund that we are able to award assistance to campers, who without help would not be able to attend camp. Our Scholarships program strives to assist as many families and campers in need as possible, so that they can enjoy and benefit from the experience of camp at Peniel. Scholarships awarded will be partial scholarships allowing us to help more families and campers in need. *You can help us to fulfill our mission by providing some financial assistance of your own, in whatever amount you can afford for your camper.*

Scholarship Request Information

<p>*Parents are encouraged to help their child to camp. We require a \$50 deposit per camper. <i>(non-refundable)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Other _____</p> <p>Check included here <input type="checkbox"/></p> <p>Payment made online through PayPal <input type="checkbox"/></p>	<p>Have you requested financial assistance from your local church, community organization or family?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>How much are you requesting from the Scholarship fund?</p> <p>_____</p>
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Financial Information

Parent/Guardian#1 Place of employment:	Occupation:	Work Phone:
Parent/Guardian#1 - Street Address:	Town:	State & Zip:
Parent/Guardian#2 Place of employment:	Occupation:	Work Phone:
Parent/Guardian#2 – Street Address:	Town:	State & Zip:
<p>How many members live in your household?</p> <p>____ Adults</p> <p>____ Children</p>	<p>Household Annual Gross Income?(<i>Gross income is amount earned before taxes and deductions</i>)</p> <p>_____ \$ _____</p> <p><i>(Please include all sources of income including child support, alimony & EIC)</i></p>	

Describe any special circumstances you would like us to know:

Signature of Applicant: *(Your signature indicates that all information given is accurate.)*



Camper Information					
Child's Name:	<input type="checkbox"/> M/ <input type="checkbox"/> F	Age:	Grade:	Returning Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when did they attend: _____
Is this child affiliated with a church? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Church? _____				Church Phone#: _____	Pastor's Name: _____
Does this child live with (check one): <input type="checkbox"/> Parent/Guardian#1 <input type="checkbox"/> Parent/Guardian#2 <input type="checkbox"/> Both					
What do you hope your child will experience by attending this camp session?					

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Dear Parent/Guardian:

Please review your application packet before sending! Have you:

1. **Included** a reference recommendation?
(From your pastor, community associate, service agency or guidance counselor)
2. **Fully completed** the application
3. **Included** a paper registration, if **NOT** have your registered online?
4. **Included** a Parent/Guardian Payment*, If **NOT** have you paid by PayPal online?
5. **Send** all required information in one packet to: Peniel Bible Conference, P.O. Box 369, Lake Luzerne, N.Y. 12846

If you have any questions, Please contact our office at: 518-696-4038 or email us at: office@penielbibleconference.org