

# 2019 SUMMER CAMP FINANCIAL ASSISTANCE APPLICATION



A fund is in place to receive donations to help students with a financial need attend camp. To request financial assistance, complete this Camp Financial Assistance Application and submit to Ohio Youth Ministries by **May 1, 2019**.

All financial assistance is granted based on the availability of funds and consideration of the financial need of the each applicant. Pastors referring a student for financial assistance will be notified vial email if the application is accepted. The financial assistance is typically \$50 per applicant, but the amount may be higher based on the availability of funds.

## Application Process:

1. A parent and student should complete sections 1-3 and 5, and sign the designated signature lines in section 7.
2. A pastor (Youth Pastor or Lead Pastor) should complete sections 4 and 6, and sign the designated signature lines in section 7.
3. The pastor should mail the application to Ohio Youth Ministries, 8405 Pulsar Place, Columbus, OH 43240
  - The application can also be emailed to [oym@ohioministry.net](mailto:oym@ohioministry.net)

The information provided on this application is considered confidential and will only be shared with the Financial Assistance Committee.

## 1. STUDENTS INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
(2018/2019- school year)

Address \_\_\_\_\_

Has this student attended OYM camps before? If yes, what years? \_\_\_\_\_

Which Summer Camp would the student like to attend?  Combined Camp  High School Camp  Middle School Camp

## 2. PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

### Parent/Guardian 2 (optional)

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

## 3. REFERENCE INFORMATION

Name of Reference \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

#### 4. CHURCH INFORMATION

Church Name \_\_\_\_\_ Church City \_\_\_\_\_  
Church Office Phone Number \_\_\_\_\_  
Lead Pastor's Name \_\_\_\_\_ Lead Pastor's Email \_\_\_\_\_  
Lead Pastor's Phone Number \_\_\_\_\_  
Youth Leader's Name \_\_\_\_\_ Youth Leader's Email \_\_\_\_\_  
Youth Pastor/Leader's Phone \_\_\_\_\_

#### 5. TO BE COMPLETED BY STUDENT

List three reasons you would like to attend Summer Camp:

#### 6. TO BE COMPLETED BY A PASTOR (Lead Pastor or Youth Pastor)

Please explain why you recommend this applicant for a Summer Camp scholarship:

In what ways is your church assisting with the Summer Camp registration fee? (Fundraisers, special offering, designated funds, etc.)

\*If you have any hesitation in recommending the applicant for financial assistance, please contact the Ohio Youth Ministries office at [oym@ohioministry.net](mailto:oym@ohioministry.net).

#### 7. SIGNATURES

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify the applicant for benefits.

_____ Student Signature	_____ Print Name	_____ Date
_____ Parent Signature	_____ Print Name	_____ Date
_____ Lead Pastor Signature	_____ Print Name	_____ Date
_____ Youth Pastor/Leader Signature <small>(optional)</small>	_____ Print Name	_____ Date