

## **Ministry Scholarship Application Instructions**

New England Frontier Camp is excited to offer Ministry Scholarship assistance for children of pastors, missionaries, and those otherwise engaged in full-time ministry! We want to help you send your sons to New England Frontier Camp! We will provide each full week of summer camp to your son for \$100.00 off the normal session rate.

*For those seeking additional help please fill out our Camp Scholarship Form.*

The completion of this form does not obligate the applicant or New England Frontier Camp in any way.

### **Steps to Receiving Ministry Scholarship Assistance:**

1. Complete and return the enclosed Camp Scholarship Application Form.
2. Once we have received your application, we will determine scholarship eligibility.
3. After camp, please send us two "Thank You" notes for the donors who provided your scholarship.

### **IMPORTANT NOTES:**

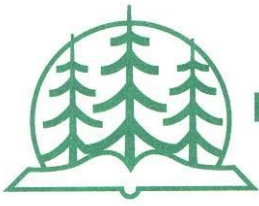
- Feel free to call or email the New England Frontier Camp office at any time to check the status of your application.
- **While we do our best to help as many campers as possible, not all applicants will receive aid. Please wait to hear from New England Frontier Camp before anticipating assistance.**

**Completed Scholarship Applications should be mailed to:**

***New England Frontier Camp • PO Box 72 • Lovell, ME 04051***

**Or scanned and emailed to:**

***Director@nefc.org***



**Ministry Scholarship Application Form**

*All requested information must be filled out in order for application to be reviewed and processed.*

**Camper Information**

Camper's Name

Birth date (MM/DD/YYYY)

Session / Dates planning to attend

Camper's Name

Birth date (MM/DD/YYYY)

Session / Dates planning to attend

Camper's Name

Birth date (MM/DD/YYYY)

Session / Dates planning to attend

Home Street Address

City

State

Zip Code

**Parental Information**

Fathers' Name

Mothers' Name

Home Phone

Registering Parents' Email

Name of Parent in full-time ministry

Title & Position

- Pastor
- Associate Pastor
- Missionary
- Youth Pastor/Leader
- Other

Date(s) of service

**Ministry Contact Information**

Church / Ministry Name

Church / Ministry Street Address

City

State

Zip Code

Church / Ministry Phone Number

Church / Ministry Website

Supervisor Name (elder, mission agency, or superior for your ministry position)

Title

Supervisors' Email

Supervisors' Phone

**Scholarship Request:** \$100.00 per child per week discount off Program Rate

Signature of Parent/Legal Guardian

Date