

 **Living Water Ministries**  
**Scholarship Application**

The intention of the Living Water Ministries Scholarship Program is that any child that desires to attend camp should be able to do so. The Scholarship Program is designed to be a shared relationship between Living Water Ministries, the child's home congregation and the child's parents. Application to Living Water Ministries Scholarship Program is a request to cover one-third (1/3) of the total cost of one week at camp per child. If special circumstances exist, please contact the Living Water Ministries office at 989-848-2230 or via email at office@elcalivingwaterministries.com. All Scholarship Applications must be received at the Living Water Ministries office by the registration deadline of April 15th.

Camper Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Parent name(s) \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Email \_\_\_\_\_

Church name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Pastor's name \_\_\_\_\_

My child would like to attend \_\_\_\_\_ (program) ON \_\_\_\_\_ (date) at \_\_\_\_\_ (camp name). AS parent or guardian of this camper, I am requesting that a scholarship be granted by LIVING WATER MINISTRIES equal to one-third the total cost of the week at camp. I will share the balance of the cost with our home congregation or other sources.

\_\_\_\_\_  
 Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: **LIVING WATER MINISTRIES, 3506 Garling Rd, Fairview MI 48621**

\_\_\_\_\_  
 OFFICE USE ONLY

Returning camper \_\_\_\_\_ Request number \_\_\_\_\_  
 Amount approved \_\_\_\_\_ Registered \_\_\_\_\_  
 Letter sent to parent \_\_\_\_\_ to church \_\_\_\_\_ on \_\_\_\_\_