



## The Presbytery of Minnesota Valleys

### SCHOLARSHIP APPLICATION FORM

#### Request (Please Check the Appropriate Box):

\_\_\_\_ (7520/2300) Summer Camp Scholarship(s) -- Number of Scholarships \_\_\_\_  
(Summer Camp Scholarships are \$75.00/per camper)

\_\_\_\_ (7530/2300) Synod School Scholarship  
(Synod School Scholarships are \$100.00/per applicant.)

\_\_\_\_ (2300) Scholarship Assistance for PCUSA-sponsored Conference or Event  
Name of Conference or Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Cost of Event: \$\_\_\_\_\_

\_\_\_\_ (2315) Ken Stinson Fund Grant (for seminars or workshops pertaining to substance abuse/health).

#### Application Information:

- If this is for **Individual Scholarship Assistance**, please place the name of the individual requesting the scholarship on the "name" line and their church on the "church" line.
- If this is for **Summer Camp Scholarships**, please leave the "name" line blank and complete the "church" name, address, and contact lines. Individual names will be entered on the reverse side.

Amount Being Requested: \$\_\_\_\_\_

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Church Contact (for Camp Scholarships): \_\_\_\_\_

Church Contact Phone: \_\_\_\_\_

**Summer Camp Scholarship Recipients:**

Please type or print the names of the Summer Camp Scholarship recipients here.

Camper:

Attending Camp at:

_____	___ Clearwater Forest	___ Okoboji
_____	___ Clearwater Forest	___ Okoboji
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**NOTE:**

Camp scholarship recipients are requested, at the end of summer camp, to send a brief statement to the presbytery that tells about the experience they had at camp. These statements may be used to promote scholarships for upcoming camp seasons. (Pictures are welcome as well!)

Individuals receiving scholarships for other events are requested to send a paragraph sharing what was learned and how the learning will be used in their church, as well as how it might be useful to others in the presbytery.

If for whatever reason the camp or Synod School should be canceled, please refund the scholarship to the Presbytery.

**For Presbytery Use:**

Date Received: \_\_\_\_\_ Date of Approval \_\_\_\_\_

Grant Amount Approved: \$ \_\_\_\_\_

Voucher/Check Requested Submitted Date: \_\_\_\_\_ Check No. \_\_\_\_\_