



**LAKESIDE**  
**COMMUNITY CHURCH**  
A Church of the Nazarene

# Summer Camp Scholarship

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Dear Parent/Guardian,

Thank you for your interest in the Summer Camp Scholarship of Lakeside Community Church.

The purpose of this scholarship is to financially assist Lakeside families with the Nebraska District Church of the Nazarene camp registration fees.

Scholarships are limited to regular active participants of Lakeside and are distributed upon approval of the church staff and scholarship committee. The maximum amount of any scholarship is \$100.

In order to qualify for a scholarship, you must fall within one of the following categories and provide a completed application:

1. Your immediate family and/or guardian regularly worships at Lakeside Community Church.
2. You are a student, and actively participate in the children and/or youth ministry programs at Lakeside Community Church.

Anyone on a scholarship is required to pay the designated camp deposit at the time of scholarship acceptance and meet the required payment schedule. Failure to adhere to the above guidelines will be grounds for forfeiture of the scholarship.



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Complete both pages of this form for each child you are requesting a scholarship. All information must be complete and accurate.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

**Family Information**

*Parent/Guardian 1*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

*Parent/Guardian 2*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

*Other children in family*

Name	Age	Living at Home (circle)
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

**Demographic Information**

Child's Gender (circle one): Female Male

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*Continued from previous page.*

For the Parent/Guardian: How do you believe your child will benefit from attending a summer camp?

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For the Parent/Guardian: How are you involved at Lakeside Community Church?

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For the Child/Student: How are you involved at Lakeside Community Church?

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For the Child/Student: Using at least 100 words explain why you would like to go to camp?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_