

**APPLICATION FOR CAMP, CONFERENCE, OR WORK CAMP
SCHOLARSHIP AID**
(proposed)

Name _____

Church Affiliation _____

Camp/Conference/Work Camp which youth desires to attend _____

Dates for Camp/Conference/Work Camp _____

Mission Component of Camp/Conference/Work Camp _____

Pastor or Session (or Session designee) certification of:

Church Participation _____

Number of Participants _____

Cost of Camp/Conference/Work Camp _____

Other Resources or Funds for the Camp/Conference/Work Camp _____

Signature of Pastor, Clerk of Session, or Session Designee submitting this request

Name

Title/Office

Please send to:

**Funds Administrator –
Camp, Conference, Work Camp Scholarship
Committee on Educational Resources
1111 North Main Street
Harrisonburg, VA 22802
bookkeeper@shenpres.org**