

**APPLICATION FOR CAMP, CONFERENCE,  
OR WORK CAMP SCHOLARSHIP AID**

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](mailto:bookkeeper@shenpres.org)**