



Ponderosa Bible Camp & Retreat Center
Miss Bess Robertson Memorial Scholarship Fund
Financial Aid Form – Summer Camp

Please **create a free parent account** on our website and add the camper and their information. *Any financial aid awarded will be credited to your online Ponderosa Account.

1. Primary Contact:

Name: _____ Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Position: _____

Total Adjusted Gross Income for Household as reported on your latest Tax Return: _____

Number of Dependents in Household: _____

Do you qualify for Government Assistance such as Free/Reduced Lunch, Medicaid, All Kids, WIC, SNAP, etc? If so, which ones? _____

Home Phone: _____ Cell Phone: _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated

Email Address: _____

Spouse (if applicable):

Name: _____

Occupation: _____ Employer: _____

Position: _____ Annual Income: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

2. Reason(s) why you are requesting financial assistance:

☐ Lost job/laid off ☐ Family illness depleted savings ☐ Low income ☐ Spiritual need

☐ Lost spouse through death or divorce ☐ Only one parent working

☐ Large unexpected expense ☐ Other _____

Please explain your situation: _____

3. Has your child received financial assistance from Ponderosa Bible Camp before? ☐ Yes ☐ No

If yes, what year(s)? _____

Please understand we are a small non-profit ministry. Financial Aid is intended to help those in serious financial need, who would otherwise be financially excluded from attending camp. Financial Aid, when available, is granted to those who need financial assistance beyond what is available from the camper's local church and/or what they can personally contribute.

4. Have you recently asked your church or local civic organization to help you cover the cost of camp?

Select One: ☐ Yes ☐ No How much are they willing to contribute? _____

5. I am applying for a (per child)

(Select One) ☐ \$100 scholarship ☐ \$150 scholarship

6. Please complete the information below for EACH CAMPER in your household who is applying

for financial aid:

| FIRST NAME | LAST NAME | BIRTH DATE | CAMP WEEK DESIRED |
|--------------|---|------------|--|
| (Select One) | <input type="checkbox"/> M <input type="checkbox"/> F | | (Scholarships are not available for Next Step Teen Week) |

| | | | |
|-------|-------|----------------|-------|
| _____ | _____ | ____/____/____ | _____ |
|-------|-------|----------------|-------|

(Select One) ☐ M ☐ F

| | | | |
|-------|-------|----------------|-------|
| _____ | _____ | ____/____/____ | _____ |
|-------|-------|----------------|-------|

(Select One) ☐ M ☐ F

| | | | |
|-------|-------|----------------|-------|
| _____ | _____ | ____/____/____ | _____ |
|-------|-------|----------------|-------|

(Select One) ☐ M ☐ F

| | | | |
|-------|-------|----------------|-------|
| _____ | _____ | ____/____/____ | _____ |
|-------|-------|----------------|-------|

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****As the parent/guardian, I understand that if I receive Financial Aid for my child this summer I will be REQUIRED to enroll my child in The Mailbox Club Lessons in September and have them COMPLETE 1 full course (8-12 lessons depending on age) during the upcoming school year before they will be eligible for financial aid again. Mailbox Club rules and deadlines will apply.**

I affirm that all of the information I have provided is true and accurate:

Signature: _____ Date: _____

Pastor's or Church Representative's Signature: _____

Pastor's or Church Representative's Phone #: _____

Name of Church: _____