



Dear Parent/Guardian,

Thank you for considering Lakeview Methodist Conference Center to serve your family. Lakeview is a not-for-profit organization that is committed to transforming lives by the experience of God's love in a unique environment as we inspire the heart and mind, nurture the soul, and celebrate life. Lakeview is here to serve people of all ages, backgrounds, abilities and income. We believe that financial hardships should not be a reason that campers cannot participate in our program and services. That's why Lakeview and the Texas Annual Conference offer camp scholarships for those who financially qualify. Because resources are limited Lakeview is unable to fund 100% of any camp fee. Recipients are expected to participate financially in some way. The percentage of the total camp fee required of your household is determined based on the number of household members and total household income.

HOW TO APPLY:

Enclosed you will find the Application for Financial Assistance. Please fill out the form completely and return it directly to Lakeview. All requests must include the following information:

1. The application enclosed in this letter fully completed. Incomplete applications cannot be accepted.
2. One of the following forms of income verification:
 - a. 2 of the most recent, consecutive payroll stubs (or)
 - b. Most recent W2 (or) Most recent tax return
3. This application should be completed only by a parent or legal guardian who is also the person financially responsible for the camper's fees not covered by a scholarship award.

IMPORTANT NOTE: Receipt of a scholarship does not register your camper(s) for camp. A completed camper registration form is required. Any scholarship funds awarded will not be applied to an account until a registration has been submitted. Return your request for financial assistance form by mail, fax or e-mail to the following:

Lakeview Methodist Conference Center
400 Private Road 6036
Palestine, TX 75801

Fax: 903 538 2797

Email: registrar@lakeviewmcc.org

Complete scholarship applications will be reviewed in the order they were received, please allow 2-3 weeks for processing. Scholarships will be given until the available scholarship funds are exhausted. Incomplete applications will be returned to you with a list of your missing items.

If you have any questions, or need help in completing the forms, please contact us at 903.538.2797. We are excited to get to know your camper and welcome them to Lakeview!

Lakeview Methodist Conference Center

REQUEST FOR FINANCIAL ASSISTANCE

Return directly to the Lakeview office. Local churches cannot accept or process applications for Lakeview scholarship funds. They may however offer additional financial assistance. Incomplete applications cannot be considered.

PERSON/PARENT/GUARDIAN FINANCIALLY RESPONSIBLE FOR ENROLLING CAMPER(S)

Full Name: _____ Primary Phone: ____ - ____ - ____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Single parent household? Yes No (If "No" Other Parent must be completed below)

OTHER PARENT/ GUARDIAN IN HOUSEHOLD IF APPLICABLE

Full Name: _____ Primary Phone: ____ - ____ - ____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

HOUSEHOLD INFORMATION

How many Adults live in this household? _____ How many Children live in this household? _____

For how many campers are you applying for assistance? _____ (List names and ages)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Total monthly household wages (before taxes): _____

Total other monthly income (Child support, public assistance, unemployment, etc.): _____

Have you received financial assistance from Lakeview before? _____ If yes, when: _____ If yes, how much? _____

Do you attend a Methodist Church? _____ If yes, what church: _____

Is your Church paying a portion of your campers fee's? _____ If yes, how much? _____

Are you receiving financial assistance from another source?

Please tell us about any extenuating financial circumstances (medical, automotive, etc...) that you would like to be taken into consideration on the back of this form.

ACKNOWLEDGEMENTS

By completing and signing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify Lakeview in writing of any change in the information contained in this request (such as income, address or other matters which might affect my eligibility for financial assistance). I understand that this application is only applicable for the current year. I understand that false information could jeopardize my scholarship assistance. If a scholarship award is accepted by me, I acknowledge financial responsibility for fees not covered by the scholarship award.

Signature Person Financially Responsible

Date

FOR OFFICE USE ONLY:

Date Recieved: _____ Camp Session: Session 1 Session 2 Session 3 Session 4

Application Complete: _____ Application incomplete and returned: _____ Date: _____

Total Church Contribution: _____ Percentage Awarded: _____ Total Dollar amount awarded: _____

Scholarship Source: _____ Date notice of acceptance sent: _____