



Greetings,

We are grateful that you have selected Lakeview for your camp experience. Lakeview is a not-for-profit organization that is committed to transforming lives by the experience of God's love in a unique environment. This life-changing experience is intended for all of God's children and with the help of the Texas Annual Conference of the United Methodist Church, we are able to offer scholarships to those who need help affording the cost to attend. Due to the limited amount of funds, these scholarships are awarded based on the number of people and the income of each household.

HOW TO APPLY:

Enclosed you will find the Application for Financial Assistance. Please fill out the form completely and return it directly to Lakeview. No information will be seen by anyone other than the Lakeview Director and Registrar. 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 is needed for verification:
 - a. Letter from the pastor of the church you attend. You or your Pastor can contact Lakeview for the details that are needed in the letter
 - b. Two of the most recent, consecutive payroll stubs (or)
 - c. 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 or e-mail to the following:

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

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 903.538.2711. 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.

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

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

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: _____

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.): _____

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

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

Please tell us about any extenuating financial circumstances (medical, automotive, etc...) that you would like to be taken into consideration. Use additional sheets if needed.

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 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 received: _____ 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: _____