

Lakeshore Center at Okoboji Scholarship Application

Please complete the following request as faithfully as possible. Two signatures are required: both the parent/guardian's and that of the pastor/other church official or social service agency representative.

Return to:

**Lakeshore Center at Okoboji
1864 Highway 86 - Milford IA 51351**

Camp session/program desired to attend: _____

Camper Name: _____

Camper address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Camper/Family Church: _____

Pastor/Church officer name: _____ Church Phone: _____

If no church membership, name of social service agent: _____

Social Service Agency: _____ Phone: _____

- | | | |
|----|-----------------------------------------------|------------|
| 1. | Camp Session Tier 1 fee: | \$ _____ |
| 2. | Amount family will contribute | \$ _____ |
| 3. | Amount church or agency agrees to contribute: | + \$ _____ |
| 4. | Amount requested from Scholarship Fund: | + \$ _____ |

(Lines 2-4 should add up to the total amount of the fee in line 1.)

Signature of Parent or Guardian

Date

To the pastor, other church official or social service agent:

Thank you for helping to make it possible for this Camper to experience Summer Camp at Lakeshore Center at Okoboji!

I believe the Camper named above would not be able to attend this program without financial assistance from the Lakeshore Center at Okoboji or Joyce Jensen Scholarship Fund. Our church (or agency) agrees to contribute \$ _____ toward this Camper's session fee.

Our contribution is enclosed.

Signature & Title

_____ of _____
Church/Organization