

Lakeshore Center at Okoboji
Scholarship Application

Year _____

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 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 Joyce C. 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

Approved by _____ Letter sent date & Initials _____ Applied to Acct _____