

# BEULAH BEACH SCHOLARSHIP APPLICATION

Thank you for your interest in Beulah Beach Camps!

It is our desire that no one misses out on the Beulah Beach experience because of financial circumstances. Thanks to the generous support of individual and organizations who share this desire, we are able to offer a limited number of scholarships. Those who have a sincere need for financial assistance are encouraged to complete the scholarship application. In addition, Beulah Beach requests that you contact your extended family and church about any assistance they might be able to offer.

1. Scholarships are intended to *offset only a portion* of the registration fee. However, in extreme circumstances full scholarships may be considered.
2. Applications are considered as they are received. Scholarship assistance is limited, so please submit your request as early in the year as possible.
3. All applicants will be considered based on need regardless of race, color, national origin, age, sex, religion, or handicap.
4. Incomplete applications will not be considered. It is the responsibility of the applicant to be sure the scholarship packet is complete. No action will be taken until all necessary information has been received.
5. After the completion of camp we request that you send a letter expressing your gratitude for the camp experience. We will forward your letter to donors who support the scholarship fund.
6. Our scholarship committee meets regularly and you will be notified by phone if your camper is awarded scholarship assistance. If you need to cancel, please contact us immediately so we can reassign the scholarship financial assistance to another camper.

## Checklist:

- \_\_\_ Scholarship Application completed
- \_\_\_ Registration Form completed
- \_\_\_ Enclosed is the payment that I can pay \$ \_\_\_\_\_
- \_\_\_ Copy of your tax return Form 1040 or W-2's for each working parent
- \_\_\_ Reference (may be sent separately)  
    To be completed by a non-related adult familiar with your situation
- \_\_\_ Scholarship Application packet mailed on \_\_\_\_\_

All Scholarship Application Packet information is confidential.

Beulah Beach Camp & Retreat Center  
6101 W. Lake Rd  
Vermilion, OH 44089  
Phone: 440-967-4861  
Fax: 440-967-4783  
registrar@bbeach.org

**Please keep this page for your records.**

# BEULAH BEACH SCHOLARSHIP APPLICATION

Camper's Name: \_\_\_\_\_ Parents or Guardian's Name(s): \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name of Church \_\_\_\_\_ How often does your family attend? \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other \_\_\_\_\_

Is camper living with both parents? \_\_\_\_\_ If not, with whom: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Total Monthly Household Income: \$ \_\_\_\_\_  
(Amount earned before taxes & deductions, include all sources, IE. child support, alimony, social security, foster care, food stamps, disability, & unemployment)

Number of persons in household \_\_\_\_\_ Number of dependents (under age 18) in household \_\_\_\_\_

Has camper attended Beulah Beach before? Yes No If yes, what years? \_\_\_\_\_

Has camper received a scholarship from Beulah Beach before? Yes No If yes, when? \_\_\_\_\_

How did you hear about Beulah Beach? \_\_\_ Friend \_\_\_ Brochure \_\_\_ Website \_\_\_ Radio \_\_\_ Event \_\_\_ Other \_\_\_\_\_

How did you hear about the scholarship program? (Be specific.) \_\_\_\_\_

Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Program Cost: \$ \_\_\_\_\_

## What are your financial resources?

Parent(s)/Guardian Maximum Contribution.....\$ \_\_\_\_\_

Camper's Personal Savings/Earnings Contribution.....\$ \_\_\_\_\_

Relatives Contribution.....\$ \_\_\_\_\_

Church Contribution.....\$ \_\_\_\_\_

**Remaining difference equals total amount of scholarship needed.....\$ \_\_\_\_\_**

Please fully describe the circumstances surrounding your need for financial assistance: (Use additional paper if necessary)

What impact do you hope this camp experience will have on your child? (Use additional paper if necessary)

I certify that all of the information contained in this application is correct. I have a true financial hardship that would prevent my child from attending camp without financial assistance. I understand that this information is being provided to receive assistance for my child to attend a Beulah Beach camp. I will submit all requested documentation to support each claim above and understand that any information found to be false will disqualify this application.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

# BEULAH BEACH SCHOLARSHIP APPLICATION REFERENCE FORM

**Applicant Authorization:**

Name of Scholarship Applicant: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to provide Beulah Beach with the information requested. I release him/her from all liability in the giving of this information.

\_\_\_\_\_  
Signature of Scholarship Applicant (Guardian)

\_\_\_\_\_  
Date

**Reference Portion:**

Reference Name: \_\_\_\_\_

Reference Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Reference Phone \_\_\_\_\_ Reference Email \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Please comment on the specific ways you believe this applicant will benefit from having the opportunity to take part in camp at Beulah Beach.

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What makes this applicant eligible for scholarship assistance?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send completed reference directly to:

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6101 W. Lake Rd  
Vermilion, OH 44089  
Phone: 440-967-4861  
Fax: 440-967-4783  
registrar@bbeach.org