

# 2017 KIDS CAMP FINANCIAL ASSISTANCE APPLICATION

A fund is in place to receive donations to help students with a financial need attend camp. To request financial assistance, complete this Camp Financial Assistance Application and submit to Ohio Kid Min by May 1, 2017.

All financial assistance is granted based on the availability of funds and consideration of the financial need of the each applicant. Pastors referring a student for financial assistance will be notified in writing if the application is accepted. The financial assistance is typically \$50 per applicant, but the amount may be higher based on the availability of funds.



## Application Process:

1. A parent should complete sections 1-4 and sign the designated signature lines in section 6.
2. A pastor (Kid Min Pastor or Lead Pastor) should complete sections 5 and sign the designated signature lines in section 6.
3. The pastor should mail the application to Ohio Kid Min, 8405 Pulsar Place, Columbus, OH 43240

The information provided on this application is considered confidential and will only be shared with the Financial Assistance Committee.

## 1. STUDENTS INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (2016/2017 school year) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Has this student attended Ohio Ministry Network camps before? If yes, what years? \_\_\_\_\_

Which Summer Camp would the student like to attend?  Kids Camp  Starter Camp

## 2. PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian 2 (optional)

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### 3. REFERENCE INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### 4. CHURCH INFORMATION

Church Name \_\_\_\_\_ Church City \_\_\_\_\_  
Church Office Phone Number \_\_\_\_\_  
Lead Pastor's Name \_\_\_\_\_ Lead Pastor's Email \_\_\_\_\_  
Lead Pastor's Phone Number \_\_\_\_\_  
Kid's Leader's Name \_\_\_\_\_ Kid's Leader's Email \_\_\_\_\_  
Kid's Pastor/Leader's Phone \_\_\_\_\_

### 5. TO BE COMPLETED BY A PASTOR (Lead Pastor or Kids Pastor)

Please explain why you recommend this applicant for a Kids Camp scholarship:

In what ways is your church assisting with the Kids Camp registration fee? (Fundraisers, special offering, designated funds, etc.)

\*If you have any hesitation in recommending the applicant for financial assistance, please contact the Ohio Kid Min office at 614.396.0700 ex 128 or okm@ohioministry.net.

### 6. SIGNATURES

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify the applicant for benefits.

_____ Parent Signature	_____ Print Name	_____ Date
_____ Lead Pastor Signature	_____ Print Name	_____ Date
_____ Kids Pastor/Leader Signature (optional)	_____ Print Name	_____ Date