

**UPPER NEW YORK ANNUAL CONFERENCE
SCHOLARSHIP APPLICATION FORM**

Aldersgate
7955 Brantingham Rd
Greig, NY 13345
315-348-8833

Asbury
PO Box 218
Silver Lake, NY 14549
585-237-5262

Casowasco
158 Casowasco Dr.
Moravia, NY 13118
315-364-8756

Sky Lake
501 William Law Rd.
Windsor, NY 13865
607-467-2750

Skye Farm
1884 E. Schroon River Rd.
Warrensburg, NY 12885
518-494-7170

The Upper New York Area camps desire that all children and youth be able to attend summer camp. If the cost of summer camp is burdensome for your family, there is assistance available, through a Campership Fund created to invest in all children who wish to attend camp.

Using the form below, please complete your camper information. If your family or church is in a position to contribute a partial amount of the campership fee, please indicate the amounts below. There is a limit of one scholarship per camper per summer.

CAMPER'S NAME _____ GRADE _____ AGE _____ GENDER _____

PARENT/GUARDIAN'S NAME _____ PHONE () _____

FULL ADDRESS _____

Camp program attending: _____ Camp dates: _____

Home Church (if applicable) : _____

Circle Site: Aldersgate Asbury Casowasco Sky Lake Skye Farm

Camp Fee: \$ _____

Request for Scholarship: \$ _____

Family Contribution: \$ _____

Local Church: \$ _____

Other (please specify): \$ _____

I certify that there is sufficient need for the funds requested.

Parent/Guardian Signature: _____ Date: _____

(for Office Use Only)

Camp program attending: _____ Site: _____

Camp Director's Approval (initial) _____ Amount \$ _____