



# WEEKEND SCHOLARSHIP APPLICATION

Name of Event \_\_\_\_\_

Adult 1 \_\_\_\_\_ \$ \_\_\_\_\_ Adult 2 \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_

Tuition \_\_\_\_\_

Housing \_\_\_\_\_

Charged \_\_\_\_\_

Computer \_\_\_\_\_

Schol. \_\_\_\_\_

Please list all accompanying children's names & ages:

Name	Age	Sex	Grade	Price
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____

Enclosed is my deposit (\$50/adult, \$125/family).  
I am aware the balance is due 4 weeks prior to the event.

Please charge my: MasterCard Visa Discover AmEx

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount Charged \_\_\_\_\_

Name on Card \_\_\_\_\_

\$50/\$125 non-refundable/non-transferable deposit  
Pine Cove Scholarships  
PO Box 9055 • Tyler, TX 75711

**PLEASE NOTE:** Applying for scholarship assistance does not register you or your family for camp. If you have already registered through the registration department, you are responsible for the full tuition if a scholarship is not awarded.

### FAMILY LIFE

 List all members living in your household

Full Name	Relationship	Birthdate
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Total number in family living at home \_\_\_\_\_

Single  Married  Separated  Divorced  Widowed

### CALCULATE TUITION:

Number of Campers x Tuition

Adults (18+) \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Ages 12 - 17 \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Ages 9 - 11 \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Ages 4 - 8 \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Ages 0 - 3 \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL TUITION: \_\_\_\_\_ = \$ \_\_\_\_\_

Less Your Deposit: \_\_\_\_\_ (\$ \_\_\_\_\_)

Owed: \_\_\_\_\_ \$ \_\_\_\_\_

Max. Amount you can pay of this balance: \_\_\_\_\_ \$ \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ \$ \_\_\_\_\_

### CHURCH LIFE

Name of church: \_\_\_\_\_

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

### PINE COVE LIFE

What impact do you hope that this Weekend at Pine Cove will have on you or your family?

\_\_\_\_\_

Has the applicant been to summer camp at Pine Cove before?  Yes  No If so, what years? \_\_\_\_\_

Has the applicant received a scholarship to Pine Cove before?  Yes  No If so, what years? \_\_\_\_\_

How did you hear about Pine Cove?  Friend  Brochure  Website  Radio  Event  Other \_\_\_\_\_

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

### FOR OFFICE USE ONLY

I \_\_\_\_\_

P \_\_\_\_\_

I/P = \_\_\_\_\_

H 1 2

S Y N

M Y N

PC 1 2 3 4 5 N

PCS \$ \_\_\_\_\_

★ Please tell us how much you are requesting, complete the financial section, and sign the application on the back page.





# WEEKEND SCHOLARSHIP APPLICATION

Does anyone in your household work in full-time ministry?  Yes  No If so, please describe: \_\_\_\_\_

Do you have relatives/sources who will assist you in paying for camp?  Yes  No If so, how much? \$ \_\_\_\_\_

Is this a foster care situation?  No  Yes: Caseworker Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FINANCIAL NEED

 List data for those living in your home only.

★ Be sure to include income from child support, workers compensation and disability income.

★  COPY OF MOST RECENT TAX RETURN ATTACHED

Total Income before Taxes (Gross Wages)	Monthly	Annual
Job Title/Profession Parent/Guardian #1: _____	\$ _____ x 12	\$ _____
Job Title/Profession Parent/Guardian #2: _____	\$ _____ x 12	\$ _____
Monthly Income from Child Support/Foster Care (if applicable)	\$ _____ x 12	\$ _____
Name _____ \$ _____ per month		TOTAL INCOME: \$ _____
Name _____ \$ _____ per month		
Name _____ \$ _____ per month		

If unemployed, please list (1) previous job and (2) income and (3) how long you have been unemployed (4) workers comp or disability:

1) \_\_\_\_\_ 2) \$ \_\_\_\_\_ per month 3) Date \_\_\_\_\_ 4) \$ \_\_\_\_\_ per month.

Living Expenses	Monthly	Annual
Housing Costs (rent/mortgage)	\$ _____ x 12	\$ _____
Utilities/Groceries	\$ _____ x 12	\$ _____
Car Expenses (payments, insurance, gas)	\$ _____ x 12	\$ _____

Other Expenses (List/describe any other expenses such as tuition, medical bills not paid by insurance, etc.)	Monthly	Annual
_____	\$ _____ x 12	\$ _____
_____	\$ _____ x 12	\$ _____
_____	\$ _____ x 12	\$ _____
		TOTAL EXPENSES: \$ _____

★ Financial section must be complete in order for your application to be considered.

Please explain any extenuating circumstances related to your financial, spiritual or emotional need. Additional pages may be added if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All the information in this application is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

★ Remember to sign your application, complete the front page and include your deposit. Mail or Fax to Pine Cove Scholarships.





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## WEEKEND SCHOLARSHIP APPLICATION

### SCHOLARSHIP APPLICATION CHECKLIST

ALL ITEMS MUST BE COMPLETED BEFORE APPLICATION WILL BE REVIEWED.

1. Deposit (Credit/Debit Card # on form or check attached)
2. Amount you can pay on form
3. Amount requested on form
4. Copy of most recent tax return form (email or fax)



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