



CSL Teen Camp Scholarship Application

Application Due Date: Winter Camp – December 1, Summer Camp – May 15

These are the criteria that have been established in order to qualify for a scholarship:

ATTENDANCE: Regular attendance and participation in your local Youth Group/Spiritual Community for at least a few months prior to camp. This includes participation in activities such as Teen Service, outings, overnights, movie nights, etc.

PURPOSE STATEMENT: A letter composed by the applicant of 250-500 words shall be included with this completed application when returned. Please include why you want to attend the event, and what you offer spiritually to your fellow attendees.

SIGNATURE FROM YOUTH ADVISOR & SENIOR MINISTER/SPIRITUAL DIRECTOR:

- If applicant is a teen, your parent/guardian, youth advisor and senior minister/spiritual director must sign your application.
- If applicant is an adult, your youth advisor and senior minister/spiritual director must sign your application.

WINTER CAMP SCHOLARSHIPS: Scholarship recipients must register for the camp located in the region they live in.

A partial scholarship of the individual camp registration will be allotted for those who are approved to receive one. Scholarships are limited to one per applicant per year.

Your youth advisor must submit the completed application.

**SEND SCANNED AND LEGIBLE DOCUMENTS VIA EMAIL TO
YouthServices@csl.org**

PLEASE PRINT OR TYPE LEGIBLY

Applicant's Name: _____

Date of Birth _____ Current Grade in school _____

Address _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Parent/Guardian's Name (if applicant is under 18):

Parent/Guardian's

phone: _____ email: _____

Parent/Guardian's Signature: _____

Applicant's Signature: _____

Name of Camp & Location** You Want to Attend: _____

(**Winter Camp: Scholarship recipients must register for the camp located in the region they live in.)

Transportation to/from Camp - Are you Flying _____ or Driving _____ to camp?

To be filled out by the Youth Advisor and Senior Minister/Spiritual Director only:

Name of Spiritual Community _____

City _____ State _____

Minister/Spiritual Director Name _____

Email _____ Phone _____

Youth Advisor Name _____

Email _____ Phone _____

This applicant has met all of the criteria, and I endorse them receiving a scholarship.

Senior Minister/Spiritual Director Signature: _____

Date: _____

Youth Advisor Signature: _____

Date: _____