

# Camp Sandy Cove



CHRISTIAN CAMPING AT ITS BEST!  
SINCE 1950

Summer 2018

Dear Parent,

Thank you for inquiring about the Camp Sandy Cove Scholarship fund. This fund is annually established through the donations of former staff and friends of Camp Sandy Cove. These individuals all know the valuable impact a week at Camp Sandy Cove can have on the life of a child. I hope that we are able to assist you in providing this experience for your child(ren).

It is our goal to provide this camping experience to as many campers as possible, so we request that you cooperate with the following procedures:

- 1. Prayerfully consider the portion you are able to contribute to the camper's fees and indicate this amount on the form provided.** Due to the large number of families in financial need, we are not able to grant full scholarships. *The maximum amount that Camp Sandy Cove will provide for any individual is one half of the camper fee.* The other half must be met by the parent, your church, or other sources. It is also our policy that scholarships are not granted for multiple week stays, with the exception of our Leadership Training Program and extenuating family circumstances. If you are applying for scholarship for more than one week, please provide a detailed explanation of this need.
- 2. If you attend a church regularly, we request that you inquire if they are able to contribute a portion of the camper tuition.** Please have a church representative fill in #2 on the scholarship form and sign where indicated. If you do not attend church, write "not applicable" in the space provided.
- 3. Tell us your current financial situation by completing questions 3, 4, and 5.**
- 4. Return the application form to Camp Sandy Cove along with the registration form and the registration deposit (unless already sent).** We will hold a space for your child in camp and notify you as soon as possible about available funds. If you are unable to attend camp, please notify us immediately, so that available funds may be assigned to another child. If funds are not available we will refund your child's deposit.

We sincerely hope that we will be able to assist your family this summer. Please pray that funds will be provided. Feel free to call me at the Camp Sandy Cove winter office with any questions that you might have.

In Christ,

*Tim Nielsen*

Tim Nielsen  
Director

P.S. All applications and deposits must be received by May 1, 2018 to be considered.



Summer Address (May - September):  
436 Reflection Ln  
High View, WV 26808-9601  
Phone: 304 856-2959 Fax: 304 856-1683  
[www.campsandycove.org](http://www.campsandycove.org)

Corporate Address (October - April):  
60 Sandy Cove Rd  
North East, MD 21901-5436  
Phone: 443 674-9454 Fax: 410 287-3196  
[www.campsandycove.org](http://www.campsandycove.org)



## REQUEST FOR SCHOLARSHIP ASSISTANCE

**2018**

Sept – April  
Camp Sandy Cove  
60 Sandy Cove Rd  
North East, MD 21901  
443-674-9454

May - June  
Camp Sandy Cove  
436 Reflection Ln  
High View, WV 26808  
304-856-2959

### **THREE STEPS REQUIRED OF EACH APPLICANT:**

**STEP 1:** Thoroughly read the enclosed letter.

**STEP 2:** Complete this form for each camper applying

**STEP 3:** Mail this form to Camp Sandy Cove.

Name of Child \_\_\_\_\_ Age of Child \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

May we send confirmation to your email address? ☐ Yes ☐ No, I prefer to receive it in the mail.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Church \_\_\_\_\_

Pastor \_\_\_\_\_ Church Phone \_\_\_\_\_

1. Portion of camper fee you can contribute for each child \$ \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

2. Portion of camper fee your church can contribute for each child \$ \_\_\_\_\_

Signature of church representative \_\_\_\_\_

3. What is your approximate monthly income and the source of that income?

4. What family obligations are met through your salary? (i.e. #of children supported, regular payments, etc.)

5. Are there any special circumstances that we should be aware of in considering your request?

6. What week of camp are you applying for? Week \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Overnight Camp \_\_\_\_\_ Day Camp

7. Have you already registered for this week? YES NO

### FOR OFFICE USE

Date Received \_\_\_\_\_ Parent Contribution \_\_\_\_\_ Church Contribution \_\_\_\_\_

Date Confirmed \_\_\_\_\_ SCHOLARSHIP AMOUNT \_\_\_\_\_