

**REQUEST FOR FINANCIAL SCHOLARSHIP**  
LUTHERAN CAMP ASSOCIATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name & ages of children: \_\_\_\_\_

Church Name & Location: \_\_\_\_\_

Retreat you are applying for: \_\_\_\_\_

What do you hope to gain from your retreat at Camp Arcadia?

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

Why are you requesting a financial scholarship? \_\_\_\_\_

\_\_\_\_\_

The total cost of our retreat at Camp Arcadia is: \_\_\_\_\_

Total amount of financial assistance requested: \_\_\_\_\_

(Note: Applicant may request up to 1/2 of total cost of your registration fees.)

Applicant has received a financial scholarship in previous year(s): YES\_\_\_ NO\_\_\_ YEARS: \_\_\_\_\_

By signing below I verify that I, or my family, would not be able to attend the aforementioned retreat at Camp Arcadia without financial assistance.

Signature of the applicant: \_\_\_\_\_

Please send your completed Camp Arcadia registration, deposit, and this Request for Financial Scholarship form to: **Camp Arcadia, P.O. Box 229, Arcadia, MI 49613**

Questions? You can always call the camp office at 231.889.4361