Thank you for your interest in Beulah Beach Camps!

It is our desire that no one misses out on the Beulah Beach experience because of financial circumstances. Thanks to the generous support of individual and organizations who share this desire, we are able to offer a limited number of scholarships. Those who have a sincere need for financial assistance are encouraged to complete the scholarship application. In addition, Beulah Beach requests that you contact your extended family and church about any assistance they might be able to offer.

1. Scholarships are intended to *offset only a portion* of the registration fee. However, in extreme circumstances full scholarships may be considered.

2. Applications are considered as they are received. Scholarship assistance is limited, so please submit your request as early in the year as possible.

3. All applicants will be considered based on need regardless of race, color, national origin, age, sex, religion, or handicap.

4. Incomplete applications will not be considered. It is the responsibility of the applicant to be sure the scholarship packet is complete. No action will be taken until all necessary information has been received.

5. After the completion of camp we request that you send a letter expressing your gratitude for the camp experience. We will forward your letter to donors who support the scholarship fund.

6. Our scholarship committee meets regularly and you will be notified by phone if your camper is awarded scholarship assistance. If you need to cancel, please contact us immediately so we can reassign the scholarship financial assistance to another camper.

**Checklist:**

___ Scholarship Application completed

___ Registration Form completed

___ Enclosed is the payment that I can pay $________

___ Copy of your tax return Form 1040 or W-2’s for each working parent

___ Reference (may be sent separately)  
To be completed by a non-related adult familiar with your situation

___ Scholarship Application packet mailed on ________________

All Scholarship Application Packet information is confidential.

Beulah Beach Camp & Retreat Center
6101 W. Lake Rd
Vermilion, OH  44089
Phone: 440-967-4861
Fax: 440-967-4783
registrar@bbeach.org

Please keep this page for your records.
Beulah Beach Scholarship Application

Camper’s Name: _______________________________ Parents or Guardian’s Name(s): _______________________________

Address________________________________________ City/State/Zip________________________________________

Phone_________________________________ Cell_________________________________ Email ______________________________

Name of Church________________________ How often does your family attend? ___ Weekly ___ Monthly ___ Other__________

Is camper living with both parents? ____________________ If not, with whom: _____________________________________________

Father’s Occupation: ______________________________ Mother’s Occupation: ______________________________

Total Monthly Household Income: $ ___________________  
(Amount earned before taxes & deductions, include all sources, ie. child support, alimony, social security, foster care, food stamps, disability, & unemployment)

Number of persons in household___________ Number of dependents (under age 18) in household___________

Has camper attended Beulah Beach before?    Yes  No  If yes, what years? ___________________________

Has camper received a scholarship from Beulah Beach before?   Yes  No  If yes, when? ___________________

How did you hear about Beulah Beach? ___Friend  ___Brochure  ___Website  ___Radio  ___Event  ___Other__________________

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

Camp Name: ______________________________________________ Dates: _____________________ Program Cost: $ __________

What are your financial resources?
Parent(s)/Guardian Maximum Contribution............................................... $___________
Camper’s Personal Savings/Earnings Contribution.................................... $___________
Relatives Contribution............................................................................... $___________
Church Contribution................................................................................. $___________

Remaining difference equals total amount of scholarship needed....... $ ___________

Please fully describe the circumstances surrounding your need for financial assistance: (Use additional paper if necessary)

What impact do you hope this camp experience will have on your child? (Use additional paper if necessary)

I certify that all of the information contained in this application is correct. I have a true financial hardship that would prevent my child from attending camp without financial assistance. I understand that this information is being provided to receive assistance for my child to attend a Beulah Beach camp. I will submit all requested documentation to support each claim above and understand that any information found to be false will disqualify this application.

Parent/Guardian’s signature____________________________________________________   Date___________________
Applicant Authorization:

Name of Scholarship Applicant: ________________________________________________________________

I hereby authorize _______________________________________________ to provide Beulah Beach with the
information requested. I release him/her from all liability in the giving of this information.

_________________________________________  ___________________________________
Signature of Scholarship Applicant (Guardian)   Date

Reference Portion:
Reference Name: _____________________________________________________________________________________
Reference Address______________________________________   City/State/Zip__________________________________
Reference Phone_______________________________   Reference Email ______________________________________

What is your relationship to the applicant? ________________________________________________________________

Please comment on the specific ways you believe this applicant will benefit from having the opportunity to take
part in camp at Beulah Beach.
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

What makes this applicant eligible for scholarship assistance?
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

__________________________________________    _____________________________________________
Signature       Date

Please send completed reference directly to:
Beulah Beach Camp & Retreat Center
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Vermilion, OH  44089
Phone: 440-967-4861
Fax: 440-967-4783
registrar@bbeach.org