

# Application for Financial Assistance

## Lake Chautauqua Lutheran Center (LCLC)

An Outdoor Ministry of the Upstate New York Synod, ELCA

5013 Route 430 + Bemus Point, NY 14712 + 716-386-4125 + FAX 716-386-5714 + lclc@alltel.net + www.lclcelca.org



**Mission Statement** – LCLC provides opportunities for spiritual growth, renewal, and Christ-centered community in the wonder of God’s creation.

### Directions

- 1] Please complete one Application for Financial Assistance for each Camp/Retreat Participant and for each Event.
  - 2] Please print or type in ink, complete each blank, and sign below.
  - 3] Return this Application to LCLC (above address) at least three weeks before the Camp/Retreat Event.
  - 4] You will receive notice of the Financial Assistance awarded to the Participant by e-mail or in the mail.
- This is **NOT** a Registration Form and does not register a person for a camp or retreat. Application information will be kept confidential. Incomplete Applications cannot be processed and are ineligible.

So that as many people as possible can experience the Grace of Christ at LCLC, Financial Assistance is available to those who attend an LCLC-sponsored event and demonstrate true need. LCLC Financial Assistance - sometimes called a *Campership* - is awarded after all other financial options are exhausted and are limited by the availability of funds.

### Participant

Name *last* \_\_\_\_\_ *first* \_\_\_\_\_ *mid.int.* \_\_\_\_\_

Gender \_\_\_ Age \_\_\_ Parent/Guardian (if minor) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

State \_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### Participant's Home Church

City \_\_\_\_\_ State \_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Pastor/Clergy *title* \_\_\_\_\_ *name* \_\_\_\_\_

Camp/Retreat Coordinator (if any) \_\_\_\_\_

### Camp/Retreat Event

 for which this Application is

Title \_\_\_\_\_ Date \_\_\_/\_\_\_/200\_\_

The Camp/Event Registration & deposit  has been sent  is enclosed.

### Financial Need

Have you asked your church's pastor/clergy or camp/retreat coordinator for Financial Assistance?

No → When will you? \_\_\_\_\_

Yes → What was the response? \_\_\_\_\_

\_\_\_\_\_

Your household's adjusted gross income last year: \$ \_\_\_\_\_

Total number of dependents in your household: \_\_\_\_\_

Other LCLC Financial Aid you have or will request this year: \$ \_\_\_\_\_

**Financial Assistance** There are several recommended sources of assistance to finance the camp/retreat fee. Please explore all the possibilities and indicate the amount you will be able to secure from each of the following.

Assistance from your Home Congregation \$ \_\_\_\_\_

Assistance from the Participant's Parents, including the Deposit\* \$ \_\_\_\_\_

For Youth Only: Amount our Child/Teen will Provide \$ \_\_\_\_\_

Additional Sources \$ \_\_\_\_\_

**Total Amount Available to Us \$ \_\_\_\_\_**

\* The Participant or his/her family is expected to pay the Registration Deposit. Typically, the maximum Financial Assistance awarded by LCLC is one third of the total Camp/Retreat Fee less the Deposit.

**Total Fee for the Camp/Retreat Event listed above \$ \_\_\_\_\_**

**Total LCLC Financial Assistance Requested \$ \_\_\_\_\_**

On the back of this sheet, please explain any background information or unusual circumstances regarding the above figures that you feel might have a bearing on your Application.

**Signature** of the Participant,  
OR if a minor, the Participant's  
Legal Parent/Guardian \_\_\_\_\_

LCLC Office	
Rec'd	_____
App'd	_____
Amt	_____
Reply	_____
Notes	_____
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