



Camp Marshall 2021 Scholarship Application

Office Use:

Approved Yes _____ No _____

Amount _____

Notified _____

Initials: _____

Church TRANSFER code: _____

*Application*Scholarships will be awarded after February 1st.
Due to limited funds, they will no longer be awarded when funds run out.*

Camp Marshall Scholarships are funded from donations made by Episcopal churches and or individuals for the purpose of assisting families in financial need access Camp Marshall programs. Scholarships, when awarded, pay up to one third of the tuition with the expectation that the camper's home church and family will each pay up to a third (or the remaining balance) fourteen days prior to first day of camp the family is registered for. **Exceptions based on hardship will be taken on a case-by-case basis.**

Prior to this application being processed: **First:** Sign up for camp. Registration links, camp information can be found at <https://www.campmarshallmontana.org/> (with \$75.00 deposit). **Second:** The applicant needs to touch base with their local Episcopal Church to have them sign off on your application and to see if there are funds the church can contribute to this application. **Third:** After the application has been signed by the local pastor (or their designee) send the completed Scholarship Application Form to Camp Marshall (attn: Jill Sallin at admin@diomontana.com or Episcopal Diocese of Montana, PO Box 2020, Helena MT 59624. If you need help with the online registration or you do not have a home church, please call the camp for information. We are happy to help.

Family Name: _____ # in Family _____ Ages of Children: _____

Address: _____ City, ST, Zip: _____

Parent/Guardian Name as primary contact: _____

Home #: _____ Cell #: _____

Email: _____

Home Church: _____ Phone #: _____

Priest/Pastor Name: _____

Session requested: _____ Alternate choice: _____

Please describe why you are requesting a scholarship:

Other agencies, organizations or churches from which assistance has been requested:

I hereby certify that the above information is true and accurate to the best of my knowledge, and that this application is made in good faith with no intent to misinterpret the applicant's circumstances. I have reviewed this application and approve it.

Parent/Guardian Signature and Date

Amount requested: _____

Amount approved by Camp Marshall _____

____ Our church agrees to pay _____ for this family

____ Our church is unable to contribute to this camper fee

Priest/Pastor Signature and Date
