



CRANHILL

Transforming Lives!

SCHOLARSHIP REQUEST FORM

Each year we are able to help many families in need with the cost of attending camp through scholarships. Primarily these scholarship dollars come from donors to our ministry who value the camp experience and want to share that with others.

A limited amount of scholarship funds are available in the case of financial hardship.

All applications for financial aid are kept strictly confidential.

Many churches participate in our voucher system and agree to pay for a percentage of a camper's fee. Please contact your church to see if they participate.

Scholarships will not exceed 50% of the true camp cost, and we ask families to approach their church, and other available agencies, to seek other financial aid.

When considering a financial scholarship, we use the cost of the lowest priced camp the camper can attend. Generally this is the Maximum Exposure camp. These camps are enjoyed by hundreds of campers each season, and provide a fun, challenging, well rounded camp experience. Should a family wish to enroll their camper(s) in a camp with a higher cost (Horsemanship for instance), they would be responsible for the difference in price.

Other CranHill discounts such as the early registration discount or multiple child discount are not used in calculating any scholarship awarded, and would not be applied to your account.

To Request a Scholarship:

1 – Register your child for camp; www.cranhillranch.com

This will ensure that a place in the camp desired is available and held for you while the scholarship form is processed.

2 – Complete this Scholarship Request Form and return it to CranHill for consideration.

Complete all lines on the worksheet. Each year scholarship forms are returned, and decisions delayed, because the form is not complete. Only completed forms will be considered.

3 – Include a copy of the first page of your 2020 tax return(s).

4 – You will be notified (via email) of any scholarship amount awarded, and an updated financial statement will be sent to you. Any remaining balance will be due before the beginning of the camp session.

5 – Once notified of the scholarship amount awarded, if you decide not to continue with your registration (and you let us know that decision before June 1), any monies paid will be refunded.

CRAN - HILL RANCH

SCHOLARSHIP REQUEST FORM

Complete ALL the required information or your application will not be considered.

Submit an ONLINE REGISTRATION prior to submitting this form to ensure that you have a place in camp.

Camper Full Name _____ Dates of Camp _____

Parent/Guardian Name _____

Address _____

City, State, Zip _____

Daytime Phone _____

Total Household size _____ Number of Dependents: _____ (Under the age of 18)

To be considered for a scholarship you must include a copy of the first page of your 2020 tax return(s).

Please explain the circumstances which led you to request scholarship assistance. Use additional paper if needed.

Church Name _____

Church Member? ☐ Yes ☐ No

Have you asked them for financial assistance? ☐ Yes ☐ No

If yes, how much are they willing to contribute? \$ _____

(Copy to line 3 below)

Have you asked other agencies for assistance? ☐ Yes ☐ No

If yes, how much are they willing to contribute? \$ _____

(Copy to line 4 below)

Name of agency: _____

If no, why not?: _____

Please list any and all other camps this camper will be attending this summer: _____

FINANCIAL WORKSHEET SECTION

Complete ALL lines 1-6.

Line 1 less the total of lines 2-6 should = \$0

Line	Amount	Description
1	\$	Camp Fee (See Brochure or website)
2	\$	Deposit Paid (A \$50 deposit (refundable) is required with all registrations)
3	\$	Church Contribution (from above)
4	\$	Agency Contribution (from above)
5	\$	Additional amount to be paid by Parent/Guardian
6	\$	Scholarship Amount Requested

I certify that all the information contained on this form is true and complete to the best of my knowledge, and that the funds being applied for are truly needed due to financial hardship.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

Please return this scholarship request along with a copy first page of your tax return(s) to:

CranHill

Attn: Registrar 14444 17 Mile Road

Rodney, MI 49342

CHR OFFICE USE ONLY	RCVD:	RecID:	Block:
	PSA	Awarded:	By: