

OYM SUMMER CAMP FINANCIAL ASSISTANCE APPLICATION



OHIO YOUTH
M I N I S T R Y

A fund is in place to receive donations to help students with a financial need attend camp. To request financial assistance, complete this Camp Financial Assistance Application and submit it to Ohio Youth Ministries by **May 1**.

All financial assistance is granted based on the availability of funds and consideration of each applicant's financial need. If the application is accepted, pastors referring a student for financial assistance will be notified via email. The financial assistance is typically \$50 per applicant, but the amount may be higher or less based on the availability of funds.

Application Process:

1. A parent and student should complete sections 1-3 and 5 and sign the designated signature lines in section 7
2. A pastor (Youth Pastor or Lead Pastor) should complete sections 4 and 6 and sign the designated signature lines in section 7
3. The pastor email the application to Ohio Youth Ministries- oym@ohioministry.net

The information provided in this application is considered confidential and will only be shared with the Financial Assistance Committee.

1. STUDENT INFORMATION

Name: _____ Grade: _____ Birthdate: ___ / ___ / ___

Address: _____

Church Name: _____ Church City: _____

Has this student attended OYM camps before? **YES or NO** If yes, what years? _____

Which OYM Summer Camp would the student like to attend? _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____ Email: _____ Phone #: _____

Address: _____

Parent/Guardian 2 (optional)

Name: _____ Email: _____ Phone #: _____

Address: _____

3. REFERENCE INFORMATION

Name of Reference: _____ Relationship to Applicant: _____
Email Address: _____ Phone #: _____

4. CHURCH INFORMATION

Lead Pastor's Name: _____ Lead Pastor's Email: _____ Lead Pastors Phone #: _____
Youth Pastor's Name: _____ Youth Pastor's Email: _____ Youth Pastor's Phone #: _____

5. TO BE COMPLETED BY THE STUDENT

List three reasons you would like to attend Summer Camp:

6. TO BE COMPLETED BY A PASTOR (youth or lead)

Please explain why you recommend this applicant for a Summer Camp scholarship:

In what ways is your church assisting with the Summer Camp registration fee? (Fundraisers, special offering, designated funds, etc.)

7. SIGNATURES

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify the applicant for benefits.

Student Signature	Print Name	Date
Parent Signature	Print Name	Date
Lead Pastor Signature	Print Name	Date