Life Change Scholarship Application
The Coast

A Word of Life Camp

INFORMATION & OBJECTIVE

Several years ago, Word of Life Fellowship established a Camper Scholarship Fund in memory of Donald A. Robertson. For many years "Robbie" was the Word of Life Island Youth Camp Program Director. He was a tremendous man of God with a great love for young people. God used his contagious personality and vibrant testimony to point many to Jesus Christ. Since Word of Life established the Camper Scholarship Fund, literally thousands of young people have been helped. The fund was founded to financially assist young people who desire to attend Word of Life Camps but are not able to because of lack of funds.

APPLICATION PROCESS

The sponsor (i.e. parent, friend, youth leader, pastor, etc.) completes the application form and submits it to the Florida Camper Scholarship Committee (contact information on page 2). The scholarship committee then meets in the spring to consider the requests received. After the applications are reviewed, the sponsor is notified by letter or email of the decision. If accepted, a camp registration form will be sent to be completed and returned to the Camp Registrar with the registration fee of $75. Applications will be approved as funds are available. Periodically, the committee is able to grant additional scholarships as funds become available through cancellations. Please apply early! Most funds are depleted by the middle of May.

ELIGIBILITY FOR SCHOLARSHIP

1. **Evidence of lack of funds** – Please include an explanation of the need and proof on income (copy of page 1 of your 1040 tax form for the current year, social security, child support, unemployment etc.) Applications without this evidence will not be processed.
2. **Applicant Age** – youth camp age is 6 to 18.

TYPES OF SCHOLARSHIPS

The committee bases its decision to grant a partial or a full scholarship of the need. Other factors may be involved; therefore, each request is considered individually.

1. **Full Scholarship** – The $75 registration fee is the responsibility of the camper. The remainder of the camp fee is paid by Word of Life.
2. **Half Scholarship** – Word of Life pays 50% of the camp fee, and the camper is responsible for the balance.

RESTRICTIONS

1. Scholarships are issued for one week of camp per person.
2. Scholarships awarded may be applied toward any week of camp – based on availability.
3. Scholarships cannot be combined with any other camp discounts.

WORD OF LIFE RESERVES THE RIGHT TO FORFEIT A SCHOLARSHIP FOR THE FOLLOWING REASONS:

1. **Misrepresentation** – A sponsor who intentionally misrepresents conditions or circumstances claiming a financial need, and Word of Life becomes aware that a need does not exist.
2. **No response** – A sponsor is required to return the registration form within 30 days of being notified they were granted a scholarship. Please contact the camp registrar if you are unable to meet this deadline.

CAMPER INFORMATION

Camper Name:_____ Church Name: _____
LAST, FIRST, MIDDLE INITIAL

Camp Attending: ☐ Junior (ages 6-12) ☐ Teen (ages 12-18)

Camper Age: _____ Gender: ☐ Male ☐ Female Date of Birth: _____

Camper Address:_____
NUMBER AND STREET OR ROUTE AND BOX

_____ _____ _____
CITY STATE/PROVINCE POSTAL/ZIP CODE

Phone Number: _____

GUARDIAN INFORMATION

Annual Family Income:

☐ Under $10,000
☐ $10,000-$20,000
☐ $20,000-$30,000
☐ Over $30,000

Proof of income must be attached in order for committee to consider this application. First page of 1040 tax form, unemployment, child support, government assistance, social security, etc.)

Guardian Name:_____
LAST, FIRST, MIDDLE INITIAL

Guardian Email Address: _____

Relationship to Camper: _____

Address (if different than Camper):_____
NUMBER AND STREET OR ROUTE AND BOX

_____ _____ _____
CITY STATE/PROVINCE POSTAL/ZIP CODE

Phone Number (if different than Camper):_____

Brief Explanation of Need: _____

_____

_____

_____

_____

Has the Camper received a Florida Life Change Scholarship before?

☐ No ☐ Yes If yes, how many years? _____

Week Requesting (date arriving / departing): _____ _____
FIRST PREFERENCE SECOND PREFERENCE

MAIL OR FAX THIS APPLICATION DIRECTLY TO

The Coast • 13247 Word of Life Drive, Hudson, FL 34669 • Fax: 727.379.5063

OFFICE USE ONLY:

☐ Partial ☐ Full ☐ Other _____ Amount Awarded