

Get Inspired!



## Scholarship Application for NovusWay Camps/Retreats

*Scholarships are provided through the generosity of donors to NovusWay for needs-based partial camper fee assistance. Our scholarship program is one in partnership with churches and camper families.*

Please submit completed application to [registration@novusway.com](mailto:registration@novusway.com), or fax to 828-687-1600, or mail to Scholarships/Registration, 2049 Upper Laurel, Arden, NC 28704

Date \_\_\_\_\_ Camper/Participant's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  Youth Participant  Adult Participant Has participant already registered? Yes  No

*NovusWay cannot provide full scholarships, and we typically ask that if you are asking more than 1/3 of the cost that you ask your congregation to help as well.*

Camp Name? \_\_\_\_\_ Program Name \_\_\_\_\_

Program Date: \_\_\_\_\_ Full cost of program: \$ \_\_\_\_\_ Parent, family/friends can provide: \$ \_\_\_\_\_

Congregation/agency can provide \$ \_\_\_\_\_ Requested amount of Scholarship (**cannot be full**) \$ \_\_\_\_\_

**IMPORTANT NOTES:**

- **This scholarship application is not a camp registration so will not hold space for the applicant in a camp program.**
- **If a camper's registration is paid in full, scholarship funds cannot be used as a form of reimbursement.**

Home Church/Agency \_\_\_\_\_ City/State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact number(s) \_\_\_\_\_

Printed Name of Pastor/Church Council Pres. /Agency Rep. \_\_\_\_\_

Signature of Pastor/Church Council Pres./Agency Representative is required below if the scholarship request exceeds 25% of the total program cost.

Signature of Pastor/Church Council Pres./Agency Rep \_\_\_\_\_

Print name of Pastor/Church Council Pres./Agency Rep \_\_\_\_\_

The application will not be processed if section below is incomplete. Please provide a brief description of circumstances, and if more space is needed, use back of this form.

FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Deposit received \_\_\_\_\_  
Cost of program \_\_\_\_\_ Scholarship award \_\_\_\_\_