



Scholarship Application for NovusWay Camps/Programs

One form per participant. Form must be filled out completely to be considered for assistance.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name (if applicable): _____

Email Address: _____ Phone: _____

If you are applying for someone else and you plan to pay their participant fee, please provide your information below

Applicant's Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

This Application Will Not be processed if the section below is not filled out entirely.

Program Name: _____ Date: _____

Camp Location (Lutheridge, Lutherock, Luther Springs, Lutheranch): _____

NovusWay can't provide Full Scholarships. If we are unable to grant your full request, we can work with you to set up a payment plan for the remainder.

Program Price: _____ Amount of Scholarship Requested: _____

Participant/Family Contribution: _____ Church/Agency Contribution: _____

Please provide a brief description of circumstances and need for aid, if more space is needed please use the back of this form.

Church/Agency Name: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of Pastor/Church Secretary/Agency Representative:

Signature of Pastor/Church Secretary/Agency Representative is required if scholarship request is more than 25% of total program price.

Signature: _____ Date: _____