









2017 Lutheridge † Lutherock † Lutheranch +Luther Springs Scholarship Application

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, or fax to 828-687-1600, or mail to Scholarships/Registration, 2409 Upper Laurel, Arden, NC 28704

| Date Campe | r/Participant's name | | | |
|---|---|---------------------------|--------------------------|-----------------|
| Parent's name | | | | |
| Phone | Email | | | |
| Address | | City | State | Zip |
| Check one: Youth Part | ticipant Adult Participan | nt Has participan | t already registered? | Yes No |
| Which Camp? | Lutheridge Luthero | ock Program Name | | |
| Program Date: | Full cost of progra | _ m: \$ Parent, fa | amily/friends can prov | vide: |
| \$ Congregation/agency can provide \$ Requested amount of Scholarship (cannot be full) \$ | | | | |
| IMPORTANT NOTES: • This scholarship applica | tion is not a camp registration : n is paid in full, scholarship fun | | | rogram. |
| Home Church/Agency | | | | |
| City/State | | Contact number(s) | | |
| | nurch Council Pres. /Agency | Rep. | | |
| Signature of Pastor/Church | n Council Pres./Agency Repre | esentative is required be | low if the scholarship 1 | request exceeds |

Updated 9/20/13

25% of the total program cost.

| | tion will not be processed if section be, and if more space is needed, use back of | pelow is incomplete. Please provide a brid | ef description of | |
|--|--|---|-------------------|--|
| | s, and if more space is needed, use back or | unis iorini. | | |
| | | | | |
| | FOR OFFICE USE ONLY | | | |
| | Date received Cost of program | Deposit received Scholarship award | | |