



## SCHOLARSHIP

Dear Parent or Guardian of Camper,

We are glad for your interest in Ligonier Camp and your request for a scholarship. It is our desire that all campers are able to attend regardless of financial status. Scholarship funds are available if your camper is attending only one session of camp. Due to limited scholarship funds, we ask that you contribute as much as you are able toward your child's tuition.

Please register your camper with a \$100 deposit and \$8 registration fee, complete the scholarship application, and mail it to:

Scholarship Committee  
188 Macartney Lane  
Ligonier, PA 15658

You may also scan and email the application to [gkenyon@ligoniercamp.org](mailto:gkenyon@ligoniercamp.org).

If you attend a church frequently, the **Home Church Endorsement Form** may be given to the church to complete, but this is not a requirement.

For further information regarding scholarships, please contact:

Gwen Kenyon  
(724) 238-6428 x105  
[gkenyon@ligoniercamp.org](mailto:gkenyon@ligoniercamp.org)

Sincerely in His Service,

The LCCC Scholarship Committee



## 2024 Scholarship Application

**Step 1:** Register with a \$100 deposit & \$8 registration fee at <http://www.ligoniercamp.org> and select the registration tab.

**Step 2:** Mail this completed application to: **Ligonier Camp & Conference Center  
Scholarship Committee  
188 Macartney Lane  
Ligonier, PA 15658**

Check the session your camper is registered for below.

Classic Camp		Fees
__1	June 16-21	\$645
__2	June 23-28	\$645
__3	June 30-July 5	\$645
__4	July 7-19	\$895
__5	July 21-26	\$645
__6	July 28-Aug 2	\$645

Little Ligs		Fees
__1	June 16-18	\$220
__2	June 23-25	\$220
__3	June 30-July 2	\$220

Next Level		Fees
__1	June 16-21	\$675
__2	June 23-28	\$675
__3	June 30-July 5	\$675

\*Scholarship funds are available if your camper is attending only one session of camp.

1. Male  Female
2. Camper's Name \_\_\_\_\_
3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Age as of Dec. 31, 2024 \_\_\_\_\_ Grade as of Sept. 2024 \_\_\_\_\_
5. Email for communication from the scholarship committee: \_\_\_\_\_
6. Camper Lives With:     Both Parents     Mother     Father     Guardian     Shared Custody
7. Father/Guardian's Name: \_\_\_\_\_
8. Place of Employment: \_\_\_\_\_
9. Preferred Phone: \_\_\_\_\_
10. Mother/Guardian's Name: \_\_\_\_\_
11. Place of Employment: \_\_\_\_\_
12. Preferred Phone: \_\_\_\_\_
13. Home Church \_\_\_\_\_ Phone \_\_\_\_\_
14. Total Yearly Family Income: \$ \_\_\_\_\_
15. How much more can you contribute to the camp fee beyond the initial \$100 deposit made upon the registration of your camper? \$ \_\_\_\_\_
16. Have you received a scholarship from the LCCC Scholarship Program in previous years?     Yes     No
17. Names/ages of other children in family: \_\_\_\_\_

18. State reasons why your camper needs a scholarship:

19. Who suggested you request a scholarship, and how have they been associated with LCCC?

20. Please name (if applicable) someone you know who has attended Ligonier Camp or been on staff.

**To be filled in by camper:**

I would like to go to Ligonier Summer Camp because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper's Signature

**To be filled in by parent or guardian:**

Why would you like your child to attend Ligonier Camp, and how do you think he/she will benefit from a camping experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Please print Parent's/Guardian's name

**We are glad your camper is interested in coming to Ligonier Camp!  
If you have any questions, you may contact Gwen Kenyon at:**

Phone: (724) 238-6428 x105  
Or  
E-mail: [gkenyon@ligoniercamp.org](mailto:gkenyon@ligoniercamp.org)



## Home Church Endorsement Form

### 2024 Camping Scholarship Request

Dear Pastor/Director of Christian Education:

The following camper is applying for a scholarship to Ligonier Camp and Conference Center.

Camper Name (Print) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

My camper will be attending the following session:

<u>Classic Camp</u>	<u>Fees</u>
__1 June 16-21	\$645
__2 June 23-28	\$645
__3 June 30-July 5	\$645
__4 July 7-19	\$895
__5 July 21-26	\$645
__6 July 28-Aug 2	\$645

<u>Little Ligs</u>	<u>Fees</u>
__1 June 16-18	\$220
__2 June 23-25	\$220
__3 June 30-July 2	\$220

<u>Next Level</u>	<u>Fees</u>
__1 June 16-21	\$675
__2 June 23-28	\$675
__3 June 30-July 5	\$675

The LCCC Scholarship Committee requests a recommendation for the above listed camper and also asks that you prayerfully consider donating to the LCCC Scholarship Fund. Your donation will help meet the needs of many requiring scholarship assistance. A receipt will be mailed to the church for your donation. If you wish to give toward a specific camper's fees, please give directly to the family or mail a check to LCCC noting the camper's name. It will be applied directly to that camper's fees, and a receipt will not be generated. Recommendations and/or donations should be mailed to the address below. **Please make checks payable to Ligonier Camp & Conference Center.**

Ligonier Camp & Conference Center  
Scholarship Committee  
188 Macartney Lane  
Ligonier, PA 15658

If you have any questions please contact Gwen Kenyon at (724) 238-6428 x105 or email [gkenyon@ligoniercamp.org](mailto:gkenyon@ligoniercamp.org).

Name of Church: (Please Print) \_\_\_\_\_

Pastor/Director of Christian Education \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your kind consideration, and God's richest blessings on your ministry.

The LCCC Scholarship Committee