



Scholarship Request Form

*To apply for a scholarship, please fill out the information below and return to Laurelville.
Scholarships will be based on financial need and availability of Scholarship funds.*

Name of contact person: _____

Phone: _____

Email: _____

Address: _____

Name of camper: _____ Age: _____

Reason for requesting financial aid: _____

Estimated Annual Household Income: _____ Household Size: _____

Are you related to a board member or staff member? Circle: Yes or No

Have you or your organization that you're affiliated with made a contribution to Laurelville?
Circle: Yes or No

Amount Requested: _____

Forms may be sent to:

Program Department
Laurelville Retreat Center
941 Laurelville Lane
Mt. Pleasant, PA 15666
Email: program@laurelville.org
Fax: 724-423-2096

To be completed by Laurelville:

Received Date: _____ Scholarship Amount Awarded: _____

Approved by (*initial and date*): _____