

Bluestone Camp & Retreat  
36 Middle Camp Rd  
Hinton, WV 25951  
Fax: (304) 918-0202

# Bluestone Summer Camp Scholarship Application Form

(Revised 2022)

The purpose of our scholarship program is to provide resources for campers to attend Bluestone's Summer Camping Program when they would otherwise not be able to afford the registration fee.

**Please fax or mail your scholarship application no later than June 1.**

All scholarship applicants receive awards that are generally no less than one-half of our published camp registration fee. Awarded amounts are dependent upon resources available to us each year. Because of this, we will encourage the Parent/Guardian/Sponsor of scholarship recipients to consider an "affordable amount" that they would be willing to contribute. Upon receipt of this form, we will contact the Parent/Guardian/Sponsor and negotiate an agreement. Any remaining balance will be due at check-in on the first day of camp.

## CAMP REGISTRATION INFORMATION

Camper Name \_\_\_\_\_ Boy  Girl  Birth Date \_\_\_\_\_ Grade in School? \_\_\_\_\_

1<sup>st</sup> Camp Choice \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Camp Choice \_\_\_\_\_ Date \_\_\_\_\_

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

Church Affiliation? Presbyterian  Other  Church Name \_\_\_\_\_ Church Location \_\_\_\_\_

Parent/Guardian/Sponsor Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

The following questions are designed to help us place campers in groups, plan our program, and provide helpful information to the Camp Director and counseling staff who will be assigned to your son or daughter. Only those directly responsible for your child will have access to this information.

1. Has your child ever been away from home overnight? Yes  No  Lived in a group outside of your home? Yes  No
2. My child prefers to play with: younger children  older children  children of his/her own age
3. Any physical disabilities? Yes  No  If so, describe \_\_\_\_\_
4. Is your child bothered with bedwetting? If so, how often? \_\_\_\_\_
5. Any other particular health problems? Yes  No  If so, describe \_\_\_\_\_
6. Please describe your child in terms of athleticism: exceptionally athletic  average athletically  needs extra help athletically
7. Does your child swim? \_\_\_\_\_
8. Does your child have any food allergies or special dietary needs? \_\_\_\_\_
9. Anything else we should know? \_\_\_\_\_

**CAMPER GROUPS** Bluestone serves children from many different communities. The success of the camp for your child depends mostly on his or her happiness with in their camper group. It is our policy to group together two friends from the same church or area in our cabins and hogans. In order that the camper and his/her parent may be happy with the grouping, **parents are asked to indicate one friend (a BUDDY) of the same school grade with whom their child would like to be grouped. Please check with the friend to be sure he/she registers for the same camp and date before listing the name.**

Please indicate the name of your child's buddy (ONLY ONE PLEASE) \_\_\_\_\_