



**GREEN HILL LAKE CAMP . WHERE CHRIST IS MADE KNOWN**  
**FINANCIAL ASSISTANCE**

**PLEASE, DON'T LET FINANCES STOP YOU!**

The Green Hill Lake Camp Inc. board and staff desire to "... run a high quality Christian camping experience." At the Lake, we do our best to price our camps at approximately 70% of what it costs us to run them and keep our facilities well maintained. The remaining 30% comes from many individual supporters and the Baptist churches of York, Queens, Sunbury, and Charlotte counties. It has always been our policy to keep prices as affordable as possible. Nevertheless, for some those fees sometimes are out of reach. For that reason, caring men and women contribute to a special scholarship fund. Green Hill Lake Camp is happy to authorize financial assistance up to 50% because of either spiritual or financial need. If you desire to experience God at the Lake, but you do not have the means, please consider our financial assistance program.

**TOP 4 REASONS SOME DON'T ASK FOR HELP**

1. Didn't know about it
2. Embarrassed by their situation
3. Too proud to ask
4. Fear of not getting it

**REASONS WHY GUESTS REQUEST FINANCIAL ASSISTANCE**

- |                                      |                                |
|--------------------------------------|--------------------------------|
| Lost job or laid off                 | Spiritual need                 |
| Major unexpected expense             | Financial hardship of any kind |
| Family illness depleted savings      | Only one parent working        |
| Lost spouse through death or divorce | Skyrocketing energy costs      |
| Low income                           |                                |

**HOW YOU CAN APPLY**

1. Register for a specific camp or retreat and pay deposit. [Click here to register now!](#)
2. Download and complete the application form (requires Adobe Acrobat Reader)
3. To the best of your ability requests MUST arrive at the GHLC at least one month before the event.
4. Send to: Registrar, Green Hill Lake Camp, Inc., 40 Greenhill Lake Rd., Greenhill Lake, NB E6E 1E7 or fax to 506-463-0017

If you are attending a Green Hill Lake sponsored camp or retreat through a church or group, registration and scholarship applications must be processed through your group coordinator. Because our funds are limited, we encourage churches to aide their groups by supporting projects that establish financial assistance within their respective churches. Simply complete the form and give it to your coordinator to forward to GHLC. You will receive a confirmation in the mail from Green Hill Lake Camp or your group coordinator indicating that the scholarship has been approved or disapproved.



**HOW YOU CAN HELP OTHERS**

If you would like to make a tax-deductible donation to the scholarship fund, please call the GHLC office at (506) 463-2267 or email: [info@greenhilllakecamp.com](mailto:info@greenhilllakecamp.com).

**GREEN HILL LAKE CAMP FINANCIAL ASSISTANCE**  
**APPLICATION FORM**



**(Please Print)**

**APPLICANT'S NAME** (if child/youth, parent's name): \_\_\_\_\_

**ATTENDEE'S NAME** (if different from above): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Camp/Retreat Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

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**For Family Camp only, please complete the following:**

**Spouse's Name:** \_\_\_\_\_

**At Time of Camp**

Children's Names (First and Last)	Sex	Grade	Age

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**If attending under a Church or Group Contract, please complete this section (give entire form to camp/retreat coordinator):**

**Church/Group Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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**Please explain specific reasons for scholarship request:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have recieved scholarship assistance before: ___ Yes      ___ No If yes, what year: _____ What percentage: _____%
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**YOUR TOTAL COST FOR CAMP/RETREAT:** \$ \_\_\_\_\_

**AMOUNT OF FINANCIAL ASSISTANCE NEEDED (up to %50):** \$ \_\_\_\_\_

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**If completed by a friend, please provide the following:**

**Your Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> # Attending: _____ <b>Camp/Retreat Cost:</b> \$ _____ <b>Scholarship Amount:</b> \$ _____ Registration Confirmed By: _____ <b>GHLC #:</b> _____
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