



101 Rodeo Dr
Spring Creek, PA 16436
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www.miraclemountainranch.com

Dear Scholarship Applicant,

We know that it is difficult to raise a family in these times, and especially if you are a single parent or a single income family. Our desire is to give every child the opportunity to attend camp and we will gladly assist any family with a financial need. The enclosed material is set up so that we can make the best judgment in the distribution of the scholarship funds the Lord has provided.

Enclosed is the scholarship application that you requested. Please read carefully the guidelines on the back of the application before filling out the application. When you fill out the application please indicate the total amount you are able to pay. After you fill out the application please return it along with the rancher registration form, which should have a 1st, 2nd and 3rd choice of week marked, and a \$75.00 deposit. If you cannot afford the deposit please note that.

Also enclosed is one reference forms to be filled out by your pastor, friend or MMR staff member. Please have these filled out and returned in the enclosed envelopes as soon as possible so we can confirm your scholarship.

Thank you for your assistance, we are looking forward to seeing you at camp.

Sincerely In Christ,

Donnie Rosie
Financial Aid

“A Mountaintop Experience that will last a Lifetime!”

Miracle Mountain Ranch Scholarship Application

Applicant's Name: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____ +4 _____

Age: _____ Sex: _____ Phone: (_____) _____ - _____

Week Of Camp Desired: 1st Choice _____

2nd Choice _____

3rd Choice _____

Church Affiliation (If Any): _____

Pastor/Leader: _____

Address: _____

Phone: (_____) _____ - _____ TITLE: _____

PLEASE indicate the amount you could pay toward the total fee of the desired week of camp: \$ _____

REFERENCE: Enclosed are two reference forms, please distribute them to your references along with the enclosed return envelopes and have them return them to MMR as soon as possible. If you are not attending a church regularly, you may make a copy of the Friend / Family reference and use a second person as a reference.

Reference #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ +4 _____

Association w/ Ref.: _____ Phone: (_____) _____ - _____

Miracle Mountain Ranch Scholarship Program & Guidelines

PLEASE READ CAREFULLY

1. In order to be considered for Scholarship moneys a written request must be made to the Registrar, explaining basis for need. No application with genuine need will be refused as openings and finances are available.
2. Applicants should first make an appeal to their church for financial assistance. Many churches will assist with scholarships if attendance has been regular. Each applicant is also encouraged to use existing discount programs: Early Registration discounts, Group discounts, & Multiple Family discounts.
3. Each applicant will be asked to determine what amount they can pay toward the total cost.
5. Also it is expected that no optional activities be taken or early registration T-shirt be selected by recipient and no scholarship will be given to anyone attending more than one week of camp.
6. Those receiving scholarship aid may be asked to attend a week of lower registration, so as to help MMRM defray operational costs. Please be sure to mark a 1st, 2nd, and 3rd choice.
7. Scholarships are awarded according to need, sincerity of interest, registration openings, and sponsorship. As MMR and individuals are responsible for providing scholarship moneys, you may be asked to write an appropriate thank you.

I have read the guidelines for the Scholarship and willingly comply according to the spirit of the Scholarship program.

Signed: _____ Date: ____ / ____ / ____
Parent or Guardian

Miracle Mountain Ranch Scholarship Program
101 Rodeo Dr., Spring Creek, PA 16436

Reference

Name of Applicant: _____

The following questions are asked to help Miracle Mountain Ranch make the best judgment possible in the distribution of scholarship funds. Our desire is to assist as many as possible who have financial needs to come to camp and share a Christ centered experience. We appreciate your willingness to take the time to fill out this form.

1. How long have you known the applicant? _____

2. Does the applicant or his/her parents attend your church on a regular basis? _____

3. How would you rate the applicants need for financial assistance?

Great Fair No Need Unable to answer

4. Does your church provide any scholarships or have other methods to assist a family in sending their children to camp? _____

If yes, has the applicant applied for or participated in any of these programs? _____

If no, would your church consider cosponsoring the applicant, along with MMRM? _____.

How much would your church be willing to sponsor? \$ _____

If you or the church is able to be a sponsor, MMR will send you a sponsorship card that you can return with the amount you are willing to assist with.

6. How do you think the applicant would benefit from a Christian camping experience?

7. Additional Comments

Name: _____ Date: ____ / ____ / ____

Church: _____ Title: _____

Church Address: _____

City: _____ State: _____ Zip: _____ +4 _____

Phone: (_____) _____ - _____