



# Miracle Mountain Ranch

101 Rodeo Drive Spring Creek PA 16436 • [www.MiracleMountainRanch.com](http://www.MiracleMountainRanch.com) • (814) 664-7673

Dear Scholarship Applicant,

We understand it can be difficult to raise a family in these hard economic times, 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. Scholarship are generally available for Wild West Camps, however, there are limited scholarships for horse camps up to \$250 of the camp fee. 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.

Please carefully read 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 (including deposit). 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, as well as a \$75.00 deposit. If you cannot afford the deposit please explain so in your statement of need.

Also enclosed are two reference forms to be filled out by your pastor and a friend. Please have these filled out and returned in the enclosed envelopes as soon as possible so we can confirm your scholarship need. If you are not attending a church regularly then you may have a second friend fill out the other reference.

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: \$ \_\_\_\_\_

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

**We ask that everyone try to pay something, even if it is only \$15 per child, however if you can not afford that place \$0.00. (leaving this blank will slow the application process.)**

REFERENCE: Included are two reference forms. Please distribute them to your references, and have them return the forms 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. Also have your pastor and friend fill out the communication information below.

## Pastoral reference general information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_+4\_\_\_\_\_

Association w/ Ref.: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Friend / Family reference general information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_+4\_\_\_\_\_

Association w/ Ref.: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

<<<<< PLEASE READ THE GUIDELINES ON BACK >>>>>

# Miracle Mountain Ranch Scholarship Program & Guidelines

PLEASE READ CAREFULLY

1. Scholarship are generally available for Wild West Camps, however, there are limited scholarships for horse camps up to \$250 of the camp fee. Additional options such as paintball, overnighter, or breakfast trail ride cannot be scholarshipped
2. In order to be considered for Scholarship money, a written request must be made to the Registrar, explaining the basis for need. No application with genuine need will be refused as openings, and finances are available.
3. We encourage each applicant to try using other discount programs first. Many churches will assist with scholarships if the applicant's attendance has been regular. Applicants should also try our other existing discounts as well: Early Registration discounts, Group discounts, and Multiple Family discounts.
4. Each applicant will be asked to determine what amount they can pay toward the total cost, the minimum being \$75.00. Please do not leave this blank. Under special circumstances, we can waive the \$75.00 registration fee, but such a waive must be appealed for in your financial need statement.
5. Each applicant is requested to submit two reliable references to confirm their need to the camp administration (written). MMR encourages the applicant to use their church leaders or other persons associated with MMR as references.
6. We would suggest that applicants seeking scholarships first try our Wild West camp, since we are more likely to provide a scholarship for Wild West Ranchers in need. Note that this does not mean we do not provide scholarships for those applying for horse camp. **No scholarship are available to anyone attending more than one week of camp.**
7. Those receiving scholarship aid may be asked to attend a week of lower registration. Please be sure to mark a 1st, 2nd, and 3rd choice.
8. Scholarships are awarded according to need, sincerity of interest, registration openings, and sponsorship. As MMR and individuals are responsible for providing scholarship money, you may be asked to write an appropriate and courteous thank you.
10. REASON FOR FINANCIAL NEED: Please attach an outline of your financial need for a camp scholarship, and any efforts you have made towards earning funds or taking advantages of discounts presently offered.

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

# Pastoral 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 people 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 applicant's need for financial assistance?

Great     Fair     No Need     Unable to answer

4. How would you rate the applicant in relationship to stewardship?

Excellent     Average     Poor     Unable to answer

5. 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? \$\_\_\_\_\_

(Fee for a week of camp is \$280.00 for Wild West Weeks)

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

6. How much do you feel the applicant could afford to pay toward a week of camp?

\$75 - \$150     \$150 - \$2250     \$225 - \$300     Unable to answer

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

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

8. Additional Comments

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

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church: \_\_\_\_\_ Title: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_+4\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



# Friend / Family 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 people 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. What is your relationship to the applicant? \_\_\_\_\_

3. How would you rate the applicant's need for financial assistance?

Great     Fair     No Need     Unable to answer

4. How would you rate the applicant in relationship to financial stewardship?

Excellent     Average     Poor     Unable to answer

5. Would you or your family consider cosponsoring the applicant, along with MMRM? \_\_\_\_\_

If yes, How much would you be willing to sponsor? \$ \_\_\_\_\_

(Fee for a week of camp is \$270.00 for Wild West Weeks)

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

6. How much do you feel the applicant could afford to pay toward a week of camp?

\$75 - \$150     \$150 - \$2250     \$225 - \$300     Unable to answer

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

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

8. Additional Comments:

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +4 \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

