

# 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 \$299.00 for Wild West Camp)

**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 - \$225     \$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 \$299.00 for Wild West Camp)

**If you are 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 - \$225     \$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: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_