

# Clear View Retreat Scholarship Application

Your family is important to us, and we are glad you are requesting assistance through CVR's Scholarship Program. Please note that scholarships are available for those with financial need through the generosity of our faithful donors. Our funds are limited, but we want to do our best to make attending a retreat a possibility for all families.

Date of arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

**First and last name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Name of family member coming to CVR	Age

Name of family member coming to CVR	Age

Do you have a home church/fellowship you attend? (Please circle)    Yes                  No

**Church Contact Person:**  
**(first and last name)** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Church Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

What can you contribute toward the cost of the retreat?    \$ \_\_\_\_\_

Briefly share the reason for the scholarship request. Attach additional paper if necessary.

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

**IMPORTANT NOTE:** If you register for a retreat, please do not cancel less than 45 days out to ensure that we can continue to have quality programming and volunteers available.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_