



Scholarship Assistance Guidelines

Thanks for your interest in attending a program or conference at Sandy Cove. Our desire is for you to connect with God and others in His beautiful creation called Sandy Cove. If you desire to experience God at Sandy Cove, but do not have the financial means, please consider the Scholarship Assistance Program.

The No One Left Behind Scholarship Fund is made possible through the donations of thoughtful, caring folks who have experienced Sandy Cove and understand the valuable impact one of our conferences can have on a person's life. Because of their generosity, **financial assistance of up to 50 percent** may be available.

To ensure that as many people as possible benefit from this program, we ask that you limit scholarship requests to one per year.

HOW YOU CAN APPLY

1. Prayerfully consider the amount you can contribute to the cost. *(The maximum amount that Sandy Cove will provide is 50% and is dependent on available scholarship funds. It's expected that each applicant contribute as much as they possibly can toward the cost of the conference. In some cases, an installment payment plan may be available.)*
2. Register for the program by calling 800.234.COVE (2683) or 410.287.5433 ext. 449 and paying the required deposit. *(The deposit is refundable if the scholarship is unavailable.)*
3. Complete the Scholarship Assistance Application in full and sign it. *(Only complete applications will be considered. The application must be filled out by the person applying.)*
4. Send or fax the application to us at:
Scholarships @ Sandy Cove
60 Sandy Cove Road
North East, MD 21901
Fax: 410.287.3196
5. Your application will be reviewed by the Scholarship Committee. Please be assured that all information you provide will be kept in strict confidence.
6. Once your application is processed, you will be contacted by our reservation agent and notified of the status of your application. If for some reason the scholarship is denied or you no longer wish to attend, your deposit will be refunded.

If you have questions about the application or the process, please call Reservations at 800.234.COVE (2683) or 410.287.5433 ext. 449 and someone will be happy to assist you.

HOW YOU CAN HELP OTHERS

If you would like to make a tax-deductible donation to the No One Left Behind Scholarship Fund, please call Deb Stott at 443.674.9452 or email d.stott@sandycove.org.



Scholarship Assistance APPLICATION

(Please print)

APPLICANT'S NAME _____ Phone (____) _____

Street Address _____

City/State/Zip _____ E-mail _____

Event Registered For _____ Dates _____

Home Church _____ City _____

Church contact name and phone number for reference _____

Have you been to Sandy Cove before? _____ If so, when was your most recent visit? _____

Have you or anyone on this application received scholarship assistance from Sandy Cove in the last five years? Yes No

If yes, for who and what year? _____ How much assistance was received? _____

Full cost of conference \$ _____ What is the maximum amount you are able to contribute? \$ _____
(Assistance may be available for up to 50% of the cost. Chesapeake Lodge Scholarships are awarded based on standard accommodations.)

If assistance is denied, please cancel my reservation and refund my deposit. Yes No

Number of children living in your home _____ Approximate monthly household income (all sources including child support) \$ _____

Your occupation _____ Spouse's occupation _____

Please list those who will attend with you:

Spouse's Name _____

Children's Names: (First & Last) (Use back of sheet if necessary)	Relationship	Sex	At time of Program	
			Grade	Birthdate
				____/____/____
				____/____/____
				____/____/____
				____/____/____
				____/____/____

Please explain the specific financial reasons you are applying for scholarship assistance: (Use back of sheet if necessary)

It is our desire to be accountable to the Lord and to be good stewards of the resources He has entrusted to us. We ask you to prayerfully complete this application, stating that you have a financial hardship which would prevent you from attending Sandy Cove without financial assistance.

The above information is true and complete, to the best of my knowledge.

Signature _____

Date _____

Office use only	
Registration # _____	_____
Conference Cost _____	_____
Scholarship amount awarded _____	_____
Date notified ____/____/____	Accepted / Declined
Initials _____	_____