



Scholarship Questionnaire Organizations



Please complete this form and mail or fax to:

YMCA Camp St. Croix, 532 County Road F, Hudson, WI 94016. FAX: 715-386-4382.

If you need assistance to complete this form, please contact 715.386.4380 or 651-436-8428. Thank you!

CONTACT INFORMATION

Please type or print

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

PRIMARY CONTACT PERSON AND JOB TITLE _____

WORK PHONE _____ OTHER _____

FAX _____ E-MAIL _____

TOTAL OF PARTICIPANTS _____ Breakdown of: STUDENTS _____ CHAPERONES _____

DATE(S) DESIRED and/or RESERVATION _____

ENROLLMENT QUESTIONNAIRE

1. HOW DID YOU HEAR ABOUT YMCA CAMP ST CROIX?

2. WHAT IS THE PURPOSE OF YOUR RETREAT TO CAMP ST. CROIX?

3. IS YOUR ORGANIZATION NON-PROFIT?

4. WHAT IS THE MISSION/PURPOSE OF YOUR ORGANIZATION?

5. PLEASE GIVE A SHORT EXPLANATION ON WHY YOUR ORGANIZATION NEEDS SCHOLARSHIP FUNDING FROM YMCA CAMP ST. CROIX:

6. WHAT OTHER SOURCES OF FUNDS WILL YOUR ORGANIZATION BE UTILIZING FOR THIS TRIP? (Please provide accurate dollar amounts of each source)

7. HAS YOUR ORGANIZATION OR YOUR PARTICIPANTS BEEN INVOLVED IN PROGRAMS AT YMCA CAMP ST. CROIX IN THE PAST? PLEASE LIST AS COMPLETE A HISTORY AS POSSIBLE (i.e., day or residential camps, retreats, etc.).

8. OTHER CONSIDERATIONS:

SCHOLARSHIP GUIDELINES

Scholarship funding for An organization is based on a number of criteria, including:

- Non profit status
- Whether or not the organization has had the opportunity to participate in a program in the recent past. The likelihood that the group will become a long-term participant.
- The organizaions demonstrated commitment to community based projects.
- Applications for groups will be considered on a case-by case basis.

(Do not write below this line, for office use only)

Award to be applied to: Meals/Lodging Meals Teambuilding Activities Day Use fees
Total Of Award:\$_____ or \$_____ per person=_____ total amount

Estimated Final Billing Amount:\$_____

Adjusted Amount Due:\$_____