

PENIEL HOLINESS ASSOCIATION

SCHOLARSHIP PROGRAM

122ND ANNUAL CAMP MEETING

JULY 20-30, 2017

Peniel Holiness Association is pleased to announce a scholarship program for area youth. So many times, we have jewels that are right in our community, but we overlook them because we see them every day. We believe that Peniel Camp is one of those jewels, right here in Conneautville.

In order to give Crawford County youth an opportunity to enjoy the experience of Peniel Camp, we are offering a special scholarship program for the 2017 encampment. Up to four scholarships will be awarded. In order to be considered for a scholarship, youth must meet the following criteria:

1. They must be between 13-18 years of age (or entering 8th grade this fall.)
2. Be residents of Crawford County
3. Fully enroll in the program for the 10 day encampment
4. Submit a short essay (no more than 300 words) stating why they would like to be considered for a scholarship to Peniel.
5. Complete the attached application.

The scholarship includes room, board, a camp t-shirt and all youth activities throughout the encampment.

Contact information: Youth Director— Adam Vanaman

E-mail: youth@penielholinesscamp.com

WWW.PENIELHOLINESSCAMP.COM

PENIEL HOLINESS CAMP YOUTH REGISTRATION FORM 2017

JULY 20-30, 2017

AGES 13 – 18 INVITED

SAVE MONEY BY PRE-REGISTERING! See Below for Details

UNASHAMED

ROMANS 1:16

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone number: _____

Email: _____ DOB: _____

Years in Peniel Youth Plan (including this year): _____

If attending a church, what is its name: _____

Pastor's Name: _____

Registration includes the cost of insurance

Scholarship postmarked by July 1st

Mail scholarship Forms to:

Venture Church

Attn: Dorothy Wright

7872 Glenwood Ave.

Boardman, OH 44512

Things to Bring:

Bible, Notebook and Pen

Soap, Shampoo, toothpaste, etc.

Knee-length shorts

Bathing Suit and Towel

Games to play during free time

Money for snack stand

Twin Bedding

Dress Pants, Dress Shirts, Knee-length dress/skirts
(for evening services)

Laundry Pods

Things NOT to Bring:

2 piece Bathing suits

Electronics of any kind

Anything that could harm another camper

Belly shirts or bottoms with words on the backside

Pants or shorts with low cut waist lines

Low cut shirts or short shorts

Matches, candles, cigarettes, lighters, alcohol

Make sure your undergarments are clearly covered
at all times

Contact Info: Youth Director-Adam Vanaman

Email: youth@penielholinesscamp.com

Website: penielholinesscamp.com

MEDICAL RELEASE

In presenting my son/ daughter for diagnosis and treatment, I _____ for _____ (parent/legal guardian) (child) of _____ years of age, give voluntary consent to the rendering of such care, including: diagnostic procedures, surgical and medical treatment, and blood transfusion, by authorized members of the hospital staff or their designees, as in their professional judgement be necessary.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my child's condition.

I have read this form and I understand its contents.

I give my consent to Peniel Holiness Camp Meeting Association, who will be caring for my child for the period of July 20, 2017 to July 30, 2017, to arrange for routine or emergency medical, surgical, or dental care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Physicians/ Surgeons/ Pediatrician/ Orthopedist: _____

Child's Allergies (if any): _____

Medicine Child is taking: _____

Name of Healthcare Insurance Provider: _____

Group #: _____ Agreement #: _____

Parent's Address: _____

In case of Emergency, I can be reached at: _____

Signature _____ Date: _____

Any other additional information that we should be aware of:

PHOTO RELEASE

I _____, do hereby give Peniel Holiness Association, their assigns, licenses, and legal representatives the irrevocable right to use my name [or any fictional name], pictures, portrait, photograph, image, or voice in all forms of media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, I also agree that Peniel Holiness Association and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image, and/ or voice of myself. I am of full legal age. I have read this release and I am fully familiar with its contents.

Consent for Minor

I am the parent or legal guardian of the minor named above and have legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name _____ Signed _____
Address _____ Date _____
Witness _____ Signed _____
Address _____ Date _____

LAKE TRIP CONSENT

On July 24, 2017, the youth will be going to Pymantuning State Park in Linesville, PA for the day by bus. The Counselors and the Youth Superintendent will be attending. This will be a supervised youth event.

I _____, parent of _____, give permission for my son/ daughter to go to Pymantuning State Park in Linesville, PA on Monday July 24, 2017.

Parent/ Guardian Signature _____ Date _____