

2026 Scholarship Information

Thank you for your interest in Camp Skyline and the Skyline Foundation's Scholarship Program. Camp Skyline is a nondenominational camp dedicated to the principles of Christianity. Skyline gives a select group of young girls the best of companionship, improves skills and increases self-confidence, teaches patience, consideration, courtesy, the value of cheerfulness, and the joys of getting along with others.

APPLICATION CHECKLIST

Camp Skyline Camper Application; must be downloaded or filled out at
www.campskyline.com
Financial Assistance Form
Proof of Financial Assistance: w-2, 1099, or tax return
Parent Questionnaire
Camper Questionnaire
Reference Form 1: must from be from a guidance counselor or current teacher*
Reference Form 2*
Reference Form 3*

- All Reference Forms must be sent separately from application by the reference. Reference forms should be completed by someone who knows and/or works with the child; the first reference must be from a guidance counselor or a current teacher. A relative may not supply a reference for the applicant.
- ALL materials must be submitted via email or online form by 11:59pm CST Friday, February 13, 2025 in order to be accepted. Any materials listed above not received by this date means the application will NOT be reviewed for consideration. Please mark out any social security numbers before sending any financial documents for optimal safety.
- Scan and Email to: <u>skylinefoundation1947@gmail.com</u>
- For the online form click online HERE
- Applications are reviewed and decided upon during the February Skyline Foundation Board Meeting. Letters will be mailed or emailed on **March 2, 2026**.
- Upon receipt of a scholarship, we do require a \$100.00 deposit to secure a spot within two weeks of notification, which is Friday, March 20, 2026. Camp fills up fast and confirmation of acceptance is required.



CONDITIONS AND QUALIFICATIONS:

1. Household income must fall within the following ranges. If your household income exceeds these amounts, you are not eligible for **full** financial assistance.

Up to \$75,000 with 1 child Up to \$85,000 with 2 children Up to \$95,000 with 3 children Up to \$105,000 with 4 children

- 2. Scholarships are awarded annually. Returning applicants must send a complete application including references. No preference is given to past recipients.
- 3. Returning applicants: As of the 2019 camp season, the Foundation will consider other applicants first before a camper who has already received a scholarship for 3 years. So this camper is not guaranteed a scholarship, but will be considered if funds allow.
- 4. If your child is selected as a scholarship recipient, please note that no other discounts the camp offers apply at this time.
- 5. The scholarship camper should not discuss her scholarship arrangements with other campers.
- 6. If there are any behavior problems associated with this child, the Camp Director must be made aware of them BEFORE a scholarship grant can be approved. Our staff is not trained to handle severe behavior problems. Camp Skyline cannot accept campers whose behavior or emotional problems will potentially cause a negative experience for other campers. A camper will be sent home if their behavior continually upsets other campers and distracts staff from giving equal time and effort to providing positive experiences for all campers

WHAT TO EXPECT:

- 7. Recipients of scholarships are asked to pay a non-refundable camp fee of \$100.00. This fee is payable when the camper is notified that she has received the scholarship and has decided to accept the scholarship. When the Foundation receives the camp fee, this acknowledges acceptance of the scholarship and holds your daughter's reservation for the camp session indicated. DO NOT SEND ANY PAYMENT WITH THIS APPLICATION.
- 8. The Skyline Foundation desires to assist as many girls as possible, therefore the majority of scholarships will be partial scholarships. Please begin planning now for your portion of the camp fee.
- 9. Scholarship recipients will be assigned to a session in which their scholarship is to be used. 90% of recipients receive their 1st or 2nd session choice.

SESSIONS 1, 2, 3, 4: Two week sessions, girls 6-16

MINI CAMP A, B, C: 1 week sessions, girls 6-8 (rising 3rd graders)



Financial Assistance Form

Child's Name					
Parents' Names					
Home Address			City	State/Zip	
Home Address Home Phone: () Birthdate: G	Email				
Birthdate: G	rade (entering):				
Birthdate: G Name of school:		Public	Private		
Camp session (Place a "1" by	your first choice and a "?	2" by your second	choice):		
1 st 2 nd 3 rd	4 th Mini s	session (6-8 (rising	g 3 rd graders)) A	B	C
D(C					
Parent/Guardian					
Employer's Name:		C.,	y	Ct 1 /7:	
Address:		CII	У	State/Zip	
Occupation:		Phone: ()		
Spouse /Guardian Spouse					
Employer's Name:		<u>C.</u>	4	Ct + /7'	
Address:		C1	ty	State/Zip	
Occupation:		Pnone: ()		
Danant's Annual Calami	¢	1			
Parent's Annual Salary	\$			_	
Spouse's Annual Salary Guardian's Annual Salary (if a	applicable) \$			-	
Annual Child Support Receive					
Annual Child Support Received Annual Alimony Received	u p	1		-	
Social Security Received	φ.	1		-	
Other Income	Φ Φ	1		-	
TOTAL ANNUAL INCOME	Φ •	<u> </u>			
(Please attach a copy of the Wi	1 1000 on tax nature for	h ath mananta an h a	th anadions)	_	
(Flease attach a copy of the w.	2, 1099 or tax return for	both parents or bo	un guardians.)		
Level of Assistance Needed, p	lagga innut on omount no	andad:			
Level of Assistance Needed, p.	lease input an amount ne				
Number of dependent children	· Number of ch	uildren in college	On college s	cholarchin?	
rumber of dependent emidren	Number of en	indicii iii conege_	On conege s	cholarship	
List any church/civic/social org	ganizations in which fan	nily participates			
Elst any enarch/civic/social of	gamzations in which fair	my participates			
Parents are: Married Se	narated Divorced/	Single Div	orced/Remarried	Widowe	·d
raichts are. Married se	paratea Divorced/	5111g1c D1v		***Ido***e	<u> </u>
Residence (check one): Rent_	Own				
Amount of monthly rent/home Number of vehicles in househo	Own	- If ov	n Current value o	of home: \$	
Number of vehicles in househo	old: Make/Model/N	Zear of each vehicl	en, current value c	σι ποιπ ι ε. ψ	
The amount of car payment/lea	ase is \$ ner month	th			
The amount of car payment let	ise is ψper mone				
Has camper attended Camp Sk	vline hefore?	How man	ny vears?	Club?	
Has camper attended Camp Sk Has the camper received a scho	olarshin from the Skylin	e Foundation befo	re?	Cido:_ Vear(s)?	
rias the eamper received a sent	marship from the skylling	c i oundation octo	·	1 car(s):	
Does the applicant attend a pri	vate school? Ves No	If VES. How	w much is the total	annual tuition?	What portion of
the annual tuition is the family	expected to pay?	11 1 1 25.110	much is the total	annual tuttion.	what portion of
the annual tartion is the family	expected to pay:				
I certify that the information co	ontained in this applicati	on is accurate and	true to the best of	mv knowledge	<u>,</u>
1 colding that the information of	mamea in ans applican	on is accurate and	and to the best of	my knowiedge	•
Parent/Guardian Signature		Date			



Community Service

Camp Skyline encourages girls to have a giving and a loving heart and to grow more and more like Christ each day. The Skyline Foundation had generously supplied over 150 scholarships since its inception in 2004. We would not be able to grant these scholarships without the continued charitable donations from our alumni, campers, counselors, board members and various corporations.

We believe that those who receive benevolence should also give back to their communities. We ask that parents encourage their daughters to seek out volunteer opportunities. We are not requiring any set number of hours, but we do ask that their choice of community service makes an impact on their community and that they understand their contribution.

For younger girls (grades 1-6): Examples (but is not limited to): Helping a teacher after school, helping a neighbor unpack groceries, setting up a lemonade stand benefitting a charity they believe in.

For older girls (grades 7-11): Examples (but is not limited to): Volunteering at a soup kitchen or the local Humane Society, running in a charity 5K or 10K or volunteering during one.

Please note that the school guidance counselor can also help to figure out a community service options that are age appropriate for your daughter.



Scholarship Reference Form 1

*Must be from a school guidance counselor or current teacher

is

	is applying	for a scholarship to	attend Camp Skyline this summe	r. Camp Skyline is
an all-girls, residential, non-	denominational Chri	istian camp located	in Mentone, AL. Please complete	this form to the best
of your ability for the consid	leration of our Board	d of Directors.		
Name of managements and				
Name of person making refe	rrai:			
Primary phone number: ()	Email:		
Timmy prene name en				
QUESTIONS: PLEASE US	SE THIS FORM ON	LY.		
How long have you known t	his child? In what c	capacity do you know	w this child?	
What characteristics make the	nis child a good cand	didate for Camp Sky	rline? Please be specific.	
D	Candhia abild Dlassa	. h		
Describe areas of weakness	for this child. Please	e be specific.		
Describe her academic perfo	ormance			
Describe her deddenne perio	illianec.			
Describe this child's interact	tion with her peer gr	oup.		
	1 8	1		
Describe this child's interact	tion with those in a p	oosition of authority		
	_			
Is there anything else you be	elieve we should kno	ow about the applica	nt that would benefit her at camp	?
Signature			_ Date	
Digitature				

This information must be emailed by February 13, 2026 to: Skylinefoundation1947@gmail.com or filled out online at https://www.campskylinefoundation.com/recommendation



Scholarship Reference Form 2

is applying for a scholarship to attend Camp Skyline this summer. Camp Skyline is
an all-girls, residential, non-denominational Christian camp located in Mentone, AL. Please complete this form to the best
of your ability for the consideration of our Board of Directors.
Name of person making referral:
Official Job Title:
Official Job Title: Primary phone number: (Email:
QUESTIONS: PLEASE USE THIS FORM ONLY.
How long have you known this child? In what capacity do you know this child?
What characteristics make this child a good candidate for Camp Skyline? Please be specific.
Describe areas of weakness for this child. Please be specific.
Describe her academic performance.
Describe this child's interaction with her peer group.
Describe this child's interaction with those in a position of authority.
Is there anything else you believe we should know about the applicant that would benefit her at camp?
Signature Date

This information must be emailed by February 13, 2026 to:

Skylinefoundation1947@gmail.com or filled out online at https://www.campskylinefoundation.com/recommendation



Scholarship Reference Form 3

an all-girls, residential, non-denominat of your ability for the consideration of	tional Christian camp located in Mentone, AL. Please complete	this form to the best
·		
Name of person making referral: Official Job Title:		
Primary phone number: ()	Email:	
QUESTIONS: PLEASE USE THIS FO	ORM ONLY.	
How long have you known this child?	In what capacity do you know this child?	
What characteristics make this child a	good candidate for Camp Skyline? Please be specific.	
Describe areas of weakness for this chi	ild. Please be specific.	
Describe her academic performance.		
Describe this child's interaction with h	ner peer group.	
Describe this child's interaction with the	hose in a position of authority.	
Is there anything else you believe we s	should know about the applicant that would benefit her at camp	?
Signature	Date	

This information must be emailed by February 13, 2026 to:

Skylinefoundation1947@gmail.com or filled out online at https://www.campskylinefoundation.com/recommendation



Parent Questionnaire

Please use this form only.

Pie	ase use this form only.
1.	How did you learn about this scholarship?
2.	What characteristic strengths and weaknesses make your child a good candidate for camp?
3.	Describe your child's interaction with siblings and peer group.
4.	Describe your child's interaction with those in positions of authority.
5.	Name activities in which your child participates when not in school.
6.	Describe the circumstances you are experiencing that create a need for financial assistance.
7.	In what Community Service project did your daughter participate? How do you feel she responded to her involvement?
8.	Please give 2 references with phone numbers of people who are familiar with your need for financial assistance.
	1Phone ()
	2Phone ()
9.	Please indicate how you would like to receive your notification letter. Please give a good email you would prefer Emails be sent out on March 2, 2026.



Please use this form only.

1.	The Skyline Foundation expects all campers will be honest, respectful, responsible, and caring. What positive contributions do you feel you can add to Camp Skyline and to your cabin?
2.	What do you like most about yourself? What do you like the least about yourself?
3.	What are your interests and hobbies? What do you like to do when you are not in school?
4.	In what Community Service project did you participate? What did you do while volunteering? How did you feel about your experience?
5.	Why do you want to come to camp?
6.	In which activities offered by Camp Skyline are you most interested?
Do	you have any friends attending Camp Skyline this summer? If "yes", who are they?