



Campership Application

The purpose of the campership fund is to enable **youth, adults and families** in financial need hear of Christ's love through a **summer camp or retreat program experience** at Camp Perkins.

Name of Participant _____ Age: _____

Name of Parent(s) _____ (if applicable)

Address _____ City/State/Zip _____

Phone _____ Email Address _____

Church Membership _____ City/State/Zip _____

Desired Camp Program _____ Date of Program _____

Amount of Financial Assistance Request \$ _____

- **Summer Camperships for Youth Camp Programs will be given priority** over Summer Specialty Camp requests. Additional tuition above Youth Camp costs for Specialty Camps should not be included in Campership requests. Campership requests received by May 15th will be given priority.
- **If amount requested exceeds \$50 for summer or \$25 for a retreat**, a letter giving formal recommendation from a representative of your congregation must accompany the application. If you do not have a church home, please contact the camp office.
- Also, **in your own words either write below or attach** an additional page explaining your specific situation and financial need.
- **Camp registration form and deposit must be received prior** to or along with the Campership application before application will be considered.
