_Age:___

Name of Participant_

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. Please fill out a SEPARATE request for each person and each camp (unless it is for a Family Camp event). Campership Applications must be received 30 days prior to the program. Campership Applications received by May 15th will receive priority.

Name of	of Parent(s)	(if applicable)	
Address		City/State/Zip	
Phone_		Email Address	
Church	Membership	_City/State	
Desired	Camp Program	Date of Program	
Amount	of Financial Assistance Request \$	(this MUST be filled in before the request will be considered)	
•	Please fill out a SEPARATE request Participant must be registered with Applications must be received 30 day priority. Assistance is for traditional camp progbe covered. If amount requested exceeds \$50 for representative of your congregation, a organization attesting to your need the participant should attend the camp	for each person and each camp (unless it is for a family retreat). the deposit before a campership will be considered. s prior to the program. Applications received by May 15th will receive gram only. Additional fees for specialty camps and add-on activities will not summer camp or \$25 for a retreat, you must submit a formal letter from a teacher at your child's school, or a member of a local for financial assistance. The letter should not be a recommendation of why or retreat, but a testament to the financial need. The letter cannot be are unsure of who to ask for a letter, please contact the camp office.	
		Revised: Anr 2011	