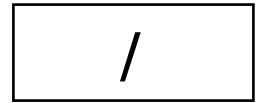




# Campership Assistance Application Form

(Youth Conferences)



Conference Name: \_\_\_\_\_ Dates: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ Parents or Guardian's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Is camper living with both parents? \_\_\_\_\_ If not, with whom: \_\_\_\_\_

Has camper attended Forest Home before? \_\_\_\_\_ If yes, when was camper's most recent visit? \_\_\_\_\_

Has camper received campership assistance from Forest Home in the last five years?  Yes  No

If yes, for which conference and what year? \_\_\_\_\_ How much assistance was received? \_\_\_\_\_

Full camp cost: \$ \_\_\_\_\_ What is the maximum amount you are able to contribute toward the cost of camp: \$ \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Total Monthly Household Income: (including child support) \$ \_\_\_\_\_ Number of children living in your home: \_\_\_\_\_

Applicant will be attending:  As an individual  With a Church Group / Organization

**If attending with a Church or Organization, complete this section; give entire form to group coordinator for submission to Forest Home.**

Church/Org Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Church/Org Contact: \_\_\_\_\_ Signature of Church/Org Representative: \_\_\_\_\_

Amount of Church/Organization contribution (per camper): \$ \_\_\_\_\_

Please describe the circumstances surrounding your need for financial assistance: (Use back of sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child would benefit from a campership because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for assistance will be denied if your application is not completely filled out.**

As a part of our campership program, your child will be asked to fill out a short questionnaire sharing what God did in their life during their time at Forest Home.

It is our desire to be accountable to our Lord and be good stewards of the resources He has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child from attending camp without financial assistance.

\_\_\_\_\_  
Signature of parent or guardian (required)

Fax # (909) 389 - 3482

**Internal Use Only**

Conference Code: \_\_\_\_\_

Registration #: \_\_\_\_\_

Conference Cost: \_\_\_\_\_

Campership Amount: \_\_\_\_\_

Initials: \_\_\_\_\_ Rec'd: \_\_\_\_\_