



Campership Assistance Application Form

(Adult Conferences)

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Conference Name _____ Dates _____

APPLICANTS NAME _____ Spouse's Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Phone Home () _____ Cell Phone () _____

Email Address _____

Home Church _____ City _____

Church contact name & phone number for reference _____

Have you attended Forest Home before? _____ If yes, when was your most recent visit? _____

Have you received campership assistance from Forest Home in the last five years? Yes No

If yes, for 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 \$ _____

*Note: Camperships are awarded based on **economy** lodging.*

If assistance is denied please cancel my reservation Yes No

Applicants Occupation _____ Spouse's Occupation (if applicable): _____

Total Monthly Household Income (all sources including child support) \$ _____ Number of children living in your home _____

Please describe the circumstances surrounding your need for financial assistance:

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

As a part of our campership program, we ask that you fill out a short questionnaire sharing what God did in your life during your 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 you from attending camp without financial assistance.

Please type your full name here to verify your completion of this form.

Fax # (909) 389-2330

Email: reg@foresthome.org

Internal Use Only

Conference Code: _____

Registration #: _____

Conference Cost: _____

Campership Amount: _____

Initials: _____ Rec'd: _____