



# Campership Assistance Application Form

(Family Conferences)



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 or anyone on this form received campership assistance from Forest Home in the last five years?  Yes  No

If yes, for who 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 \$ \_\_\_\_\_

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

If assistance is denied please cancel my reservation  Yes  No

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

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:

**For Family and Parent Child conferences only, please complete the following**

Children's Names (First and Last)	Sex	Grade	Age	Area of camp (See below)

Area of camp: Forest Center • Indian Village • Adventure Mountain • Creekside • Lakeview

**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.

Internal Use Only	
Conference Code:	_____
Registration #:	_____
Conference Cost:	_____
Campership Amount:	_____
Initials:	_____ Rec'd: _____

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

Fax # (909) 389-2330

Email: [reg@foresthomes.org](mailto:reg@foresthomes.org)