



## Family and Adult Campership Assistance Application Form

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

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

APPLICANTS NAME \_\_\_\_\_ Spouse's Name (if applicable) \_\_\_\_\_

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

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

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

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

Home Church \_\_\_\_\_ City \_\_\_\_\_

Contact name & phone number \_\_\_\_\_

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

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

If yes, which family member and what year? \_\_\_\_\_ How much assistance was received? \_\_\_\_\_

Full camp cost \$ \_\_\_\_\_ Amount of financial assistance are you requesting? \_\_\_\_\_

*Note: Camperships are awarded for **economy** lodging only.*

Applicant's Occupation \_\_\_\_\_ Spouse'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 including unexpected bills: (Use back of sheet if necessary)

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**For Family and Parent Child conferences only, please complete the following for the children that will be attending the conference.**

(If your child is attending camp as an independent camper, please fill out the individual youth application form)

Children's Names (First and Last)	Sex	Grade	Age

Many generous individuals give of their financial resources to make the Forest Home Campership Assistance Program available to you. We ask that you help us be good stewards of what God has entrusted to us through these people. To that end, you will find in your registration packet, a response form to complete at the end of camp, sharing your camp experience with Campership donors.

Please sign below stating you have a true financial hardship that would prevent you from attending camp without financial assistance.

\_\_\_\_\_  
Signature of applicant (required)

Thank you for completing your application in full.

We will review your request and get back to you soon with a decision.

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