



Campership Request Form

Today's date ____/____/____

Date of camp attending ____/____/____ Name of camp attending _____

Name of person requesting campership _____

Name of camper receiving campership _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Have you received campership assistance in the past? Yes No

Hartland's Total Cost for Camp \$ _____

Amount of Church Support \$ _____

Name of Church _____

Requested Scholarship Amount \$ _____

<i>Office Use Only</i> _____ _____ _____ \$ _____ <i>Approved by:</i> _____
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In an effort to be good stewards of the campership funds given, please help us understand the family's need relative to this request. All information will be kept confidential and is voluntarily given as you feel appropriate. Our heart is to enable those to come who would otherwise be unable to attend.

Number of children in family _____

Annual household income \$ _____

Any unusual expenses: _____

Please give any other pertinent information: _____
