



## CAMPERSHIP REQUEST FORM

Today's date \_\_\_\_\_ Camp Date \_\_\_\_\_

Person requesting campership \_\_\_\_\_

Name of camper receiving campership \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

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 \$ \_\_\_\_\_  
(up to 50% of total cost)

Office Use Only

\$ \_\_\_\_\_

Approved by: \_\_\_\_\_

*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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

