



## Campership Request Form

Please return to Walcamp Outdoor Ministries  
32653 Five Points Rd.  
Kingston, IL 60145-9798  
Fax: 815.784.4085  
siteops@walcamp.org

**The purpose of a campership is to give the opportunity for those who (often through circumstances beyond their control) need financial assistance to have the life changing experience of a week at camp**

### Guidelines:

1. Please complete all information on the back of this form and return it to Walcamp. Please complete a separate form for each camper.
2. You may enroll your camper in the session of your choice for free, at any time, by following the Register Now link at [walcamp.org](http://walcamp.org). However, your spot will not be held until you pay the minimum deposit of \$75 per camper (non-refundable).
3. A campership, of up to \$150 may be granted pending the approval of the Walcamp Executive Director. ( Maximum of \$75 for Camp Agape Big Week Camp)
4. Walcamp staff will keep all applications confidential.
5. Camperships are granted on a first-come, first-served basis, according to need.
6. Notification will be made via email or by phone for each request.
7. Please check with your local congregation or Pastor about available financial aid before returning this form.
8. Families may only apply for one week of campership, per camper, per summer.
9. Camperships are not available for a second week of camp (i.e. camper registers for one week at full price, and then applies for a campership to attend an additional week).
10. We ask that families that receive Camperships be available for one of our Work Weekends at Walcamp. If you cannot attend scheduled work weekends we ask you contact the office to setup a time for volunteer work at Walcamp. This could include volunteering your time during a special needs retreat or week long special needs camp.

Letter of Reference:

Please provide Walcamp with a letter attesting to your family's need for financial assistance. Acceptable references may come from a Pastor, a Principal or a Teacher who is familiar with the family's situation. Please have them send their letter to the Walcamp office, Attn to Campership Request Fund. Please list the information of the reference below.

Name \_\_\_\_\_ Relationship to Family \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

**Camper and Family Information:**

Camper Last Name \_\_\_\_\_ Male or Female  
Camper First Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Grade **Completed** Spring 2015 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Church \_\_\_\_\_ City \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_  
Camp Session Requested \_\_\_\_\_ Date of Session \_\_\_\_\_  
Annual Household Income \$ \_\_\_\_\_

Please share with us the reason for your request:

**Amount Requested:** \$ \_\_\_\_\_ (please do not exceed \$150 or \$75 for Camp Agape Big Week Camp)

Please keep Walcamp in your prayers.

We look forward to your financial support in the future as your situation changes.

For office use only: Date Received _____ Date Approved _____ Amount Granted \$ _____ Applicant Notified (phone/email) _____
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