

376 Camp Heritage Road Climax Springs, MO 65324 (573) 345-3760 Fax: (573) 345-4741 office@campheritage.org www.campheritage.org

## **Campership Fund Assistance Application Form**

Camp Heritage believes that no child should be denied the life-changing experience of summer camp for lack of money. Camp Heritage has a Campership Fund, made possible by generous donations given specifically for this purpose. These funds are limited and are allocated on a first-come, first-served basis. The maximum assistance amount is \$50.

In order for a camper to be considered for assistance from the Campership Fund, this application form must be completed and returned to Camp Heritage. If approved, the \$50 Campership discount will be applied to your camper's account. If not approved, you will be notified and the entire balance of the camp fee is due upon arrival at camp.

- q	·	Camp Session	on Attending: <sub>-</sub>		Camp Dates:	to_ onth/Day/Year Month/Day/Year
Camper Name:	<del></del>					Age:
lome Address:	First	Middle	Last		Home Church:	
	Street Address			Name of Pastor:		
	City		State	Zip Code	_ Name of Fasion.	
arent/Guard	ian Information:					
Relationship Name: to Camper:				Driman, Dhono		
		10 1	Camper		•	(Circle) Cell/Home/Day/Other
Home Address: _ f different from above) Email Address:	Street Address	City	State	Zip Code	Alt. Phone #1: _	(Circle) Cell/Home/Day/Other
leason for Makin	ng Request: (You may use the	he back of this form or a	ttach additional	pages if needed)		
	_					
\$	Camp Fee		Financial	Worksheet		
\$	•	rents' Contribution	Financial	Worksheet		
\$	Less Pa	rents' Contribution				
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\$	Less <b>Pa</b> Signatur Less <b>Ca</b> Less <b>Ch</b> Signatur	re of Parent: impership Funds (M nurch's Contribution re of Church Pastor o	ay request up Na r Head Elder:	to \$50 per campe me of Church:	er)	

Return this Form to:

Camp Heritage, PO Box 65665, West Des Moines, IA 50265 Fax: (515) 223-5692 Email: office@campheritage.org

For Office Use Only

Date Application Received:\_\_\_\_\_\_
Amount of Funds Granted: