



Campership Request Form

Today's date ____/____/____

Date of camp attending ____/____/____

Name of camp attending (e.g. Junior Winter Camp) _____

Name of person **requesting** campership _____

Name of camper **receiving** campership (if different) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

- ☐ Child currently in foster care
- ☐ Child has a currently incarcerated parent (Angel Tree program or other)
or
- ☐ Child lives in the same household as a child with an incarcerated parent

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 \$ _____

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: _____
