



CAMPERSHIP REQUEST FORM

Today's date _____ Camp Date _____

Person requesting campership _____

Camper's Name _____

Address _____

City/State/Zip _____ Phone _____

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 _____

Any unusual expenses: _____

Please give any other pertinent information: _____
