



APPLICATION FOR CAMBERSHIP

The information you provide on this form is for the campership application process only, and is strictly confidential.

Note: Campership Applications must be postmarked by **April 15**.

(1) Camper Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____

(2) Camper Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____

(3) Camper Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____

Address _____ Home Phone _____
City _____ State _____ Zip _____ Church _____

***While we try to accommodate requests, we cannot guarantee placement in the preferred session.**

Parent 1/Guardian 1 _____
Address _____
City _____ State _____ Zip _____
Place of Employment _____
Occupation _____ Telephone _____

Parent 2/Guardian 2 _____
Address (if different) _____
City _____ State _____ Zip _____
Place of Employment _____
Occupation _____ Telephone _____

Please list names and ages of other children in the family that are **UNDER 18 YEARS** of age:

NAME	AGE	NAME	AGE

Has your child ever attended a summer camp? Yes No

If yes, please give name of camp _____

FINANCIAL STATEMENT

HOUSEHOLD SIZE: Number of Adults _____ Number of Children _____

OUR TOTAL FAMILY INCOME:

Please check ALL sources of income:

Wages ___ Pension ___ Public Assistance ___ Child Support ___ Social Security ___ Other: ___

GROSS ANNUAL HOUSEHOLD INCOME? \$ _____

*(Please attach a copy of your **current income tax return**)*

Have you received financial assistance from Camp Westminster in the past? Yes No

Are you able to receive financial assistance from another source? Yes No

If yes, name of church, agency, etc. _____ Amount \$ _____

What amount of assistance are you requesting, per child? \$ _____

Does your camper need bus transportation between Westminster Church of Detroit and Camp Westminster?

No ___ Yes, Round Trip ___ Yes, One-way to camp ___ Yes, One-way home from camp ___

Please indicate any special circumstances you feel have an impact on your financial need (this information will be confidential.) Attach a letter with more information, if needed.

I hereby certify that all the information given is true and accurate to the best of my knowledge.
I realize that this application is for financial assistance only and I must register for camp separately.

Signature of Parent/Guardian _____

Date _____

In order to process this application, we must have the following items:

1. Completed Campership Application
2. Copy of Current Income Tax Return (No Check Stubs)

Mail completed application to: Camp Westminster Campership
17567 Hubbell Avenue
Detroit, MI 48235

Application must be postmarked no later than April 15th

FOR OFFICE USE ONLY

Date Rec'd _____ Source _____

Total _____
Fee Bus

CPS _____ Payment _____
Fee Bus Fee Bus

Camp Session/Date _____