District Campership Application

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District Amount Granted: \$

Please complete the application in its entirety and have signed by the church pastor before submitting. Please complete one (1) application for each camper and submit at least two weeks before the camp event. Campership Funds are primarily available for children and youth who would not otherwise be able to attend camp due to financial hardship. Please note that the granted campership funds will be directly credited to the camper's account at the Camps Office.

District (please check one):					
Central '	Valley: North	ern Waters: _	South F	orest: West Pla	ains:
Camper Information					
Camper' Name:					
Camper's Age: Camper's Grade (Fall of 2024):					
Relationship with the o	church (member, att	ends regularl	y, friend of a	a member, etc.)	
Parent/Guardian	•				
Parent/Guardian: Phone: Phone:					
Camp Information					
Aldersgate:	Asbury:	Wanake:	CYF:	ReachOut:	Institute:
Event #: Event Name: Event Dates:					
Pastor's Verification					
Church Campership Available? Yes / No Church Campership Applied for? Yes / No					
Pastor's Signature:				·	
Pastor's printed name: Date:					
Additional Information	from Pastor (optio	nal):			
Financial Aid Information					
Amount to be Paid by Church, Conference or other sources	Amount to be Paid by Family		Amount of District Campership Requested (request not to exceed \$200)		Total (not to exceed published fee for camp event)

Send completed Campership Application to:

For Office Use Only

Date:

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Email: gary@eocumc.com

Mail: East Ohio Camps Office, 8800 Cleveland Avenue NW, North Canton, OH 44720