

# HOPEWELL CAMBERSHIP APPLICATION

CAMPER'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CAMP EVENT TOWARD WHICH CAMBERSHIP IS TO BE APPLIED:

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this person registered for this camp session? \_\_\_\_ YES \_\_\_\_ NO

[if "NO" please return the camp application with this form.]

Total fee for this camp: \$ \_\_\_\_\_

Amount requested to be covered by Hopewell campership: \$ \_\_\_\_\_

Amount to be paid by your church (if applicable) : \$ \_\_\_\_\_

Amount to be paid by family of the camper: \$ \_\_\_\_\_

Please give a brief description of your need for financial assistance.

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TO BE COMPLETED BY MINISTER OR OTHER CHURCH OFFICIAL

THIS APPLICANT NEEDS THIS CAMBERSHIP TO BE ABLE TO ATTEND CAMP.

\_\_\_\_\_  
Signature of Minister or other church official Church: \_\_\_\_\_

Address: \_\_\_\_\_

*Camperships are approved on the basis of financial need regardless of denominational preference, age, sex, race, or national origin.*

FOR OFFICE USE ONLY:

Amount of campership granted: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_

Return to: Camp Hopewell, 24 CR 231, Oxford, MS 38655