

# CAMPERSHIP ELIGIBILITY FORM 2010

(Financial Aid)

Camper's Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_

Siblings & Ages:

Parent's Names: \_\_\_\_\_

Church/Location \_\_\_\_\_ / \_\_\_\_\_

Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Family Income: \_\_\_\_\_

## CAMP SESSION CAMPER WOULD LIKE TO ATTEND:

Discovery

Jr/Sr High # 1

Senior High

It is our desire that \_\_\_\_\_ would be able to participate in Camp Berea's summer camp program. However, our financial resources are presently limited and may not be sufficient to send him/her. We have prayerfully considered our financial needs for the next year, our anticipated resources, and God's ability to fully meet those needs. We have contacted our local church for financial assistance and they will assist in the amount of \$\_\_\_\_\_. Having taken all things into consideration, we feel that we would need to receive a grant for at least \_\_\_\_\_ to be able to have our child participate in Camp Berea's summer program.

**We agree that as part of our tithe or as God blesses us financially, we will consider giving back into this fund which makes it possible for so many to go to camp when they are temporarily in need.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### It is important that you send all of the following:

1. This completed form
2. Copy of latest Federal Income Tax return (**all pages**) The campership will NOT be processed until we receive all pages of your tax return.
3. Completed Camp Registration Form. Payment not necessary until application is approved. (Do not use the Health Form for registration.)
4. 1-3 paragraphs describing financial need not reflected in the Tax Return
5. A letter of commitment from your church indicating the amount they will be sending.

TO: The Registrar, Camp Berea, 68 Berea Road, Hebron, NH 03241