

# CAMPERSHIP ELIGIBILITY FORM

## SECTION 1: CAMPER/FAMILY INFO

Name of Camper/Family attending camp: \_\_\_\_\_ D.O.B (if for camper): \_\_\_/\_\_\_/\_\_\_

Address (Street Address, City, State, Zip): \_\_\_\_\_

Camper info, or parent/guardian info if for minor:

*If applicable:*

Participant/Parent 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Participant/Parent 1 Email: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Participant/Parent 1 Phone: \_\_\_\_\_

Parent/Guardian 2 Phone: \_\_\_\_\_

Church/Income:

All Children in Family (Name & Age):

Church Name: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

Church City/State: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

Annual Household Income: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

## SECTION 2: DESIRED SESSION (Circle program name under applicable site & write specific session dates.)

### Camp Berea

Mother/Daughter: \_\_\_\_\_

Father/Son: \_\_\_\_\_

Summer Camp/CDP\*: \_\_\_\_\_

*\*Camperships only available 1<sup>st</sup> two weeks at Camp Berea*

Family Camp: \_\_\_\_\_

Women's Retreat: \_\_\_\_\_

Man Camp: \_\_\_\_\_

### Camp Monadnock

Summer Camp: \_\_\_\_\_

Family Weekend: \_\_\_\_\_

Women's Retreat: \_\_\_\_\_

Men's Retreat: \_\_\_\_\_

## SECTION 3: FINANCIAL NEED/AGREEMENT

It is our desire that \_\_\_\_\_ would be able to participate in the Berea Ministries program marked above. However, our financial resources are presently limited and may not be sufficient. 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 participate in the program marked above.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: SUBMITTING ALL REQUIRED FORMS

It is important that you send all of the following:

1. This completed form
2. Copy of latest Federal Income Tax return (all pages). This Campership will NOT be processed until we receive all pages of your tax return.
3. 1-3 paragraphs describing financial need not reflected in the Tax Return.
4. A letter of commitment or email from your church indicating the amount they will be sending, if any.

SEND TO: Camp Berea, Attn: Campership Admin, 68 Berea Road, Hebron, NH 03241 or office@bera.org.