

Campership Application

The purpose of the campership program is to provide financial assistance to campers that would otherwise not be able to afford the camp attendance fees. Oceanwood, in administering funds provided by individuals, organizations, and through our own fundraising efforts, act as good stewards by offering careful consideration in providing camperships and will act in complete confidence.

Our hope is to assist those in need. Need varies greatly from family to family and situation to situation. While we would hope to provide support to all who ask in the amount requested – it is not possible.

To assist us in our decision-making and fund allocation, it is important that you complete the attached application completely. The details of your finances, a narrative of your specific situation and need, and steps that you are taking to find additional funding sources are important aspects of your application.

The attached application form must be completed in its entirety and returned before your request will be considered. It is expected that the camper/parent/guardian will share the financial responsibility. Additionally, any camper requesting assistance must be enrolled/registered for camp with the required deposit.

If you have any additional questions please don't hesitate to call or email the camp office.

Warmest regards,

Oceanwood Staff

Oceanwood Campership Request Form

☐ Please fill out	t the form in its e	entirety. Only com	ipleted forms can b	e considered. Please not
the second page	•			
Return the form to: Oceanw P.O. Box Ocean F				
must be paid by to Camp, \$75 for You □ Camperships ar	he camper/parent uth Day Camp, and e awarded based	t/guardian (\$250 f d \$50 for Family Ca	or Disability Camp, \$ amp per person.) ability. Completing th	nline! The required deposit \$150 for Youth Overnight his form does not guarante
Parent's Name_ Camper's Name_		Teleph	one	
Address			(State) (Zi	
(St Email Address	reet)	(City/Town) Ch	(State) (Zi nurch	p Code)
Which Camp Ses				
(Session Name)		(Session Dates)	
Please fill in the Financial Information Below:				
Total fee for the camp session: Amount family will pay: Amount church will pay: Amount from an outside source: Amount requesting for campersh			\$ \$ \$	
	ber of members in the	Family Info	rmation n and adults):	rery 2 weeks X 2.15; twice a
First and Last Name	Monthly Ill wages, salaries, or commissions before deductions.	Monthly Welfare payments, child support, and/or alimony.	Monthly Pensions, retirement, Social Security, Worker's Compensation or Disability	Monthly Other Income
I certify that all of the Signature of Adult	ne above information		nd that all income is rep	ported.

Please explain your special circumstances to validate this request:					
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