



Camp Michigamme District Campership Request Form

This is to be filled out only after the camper's home/local church has been asked to help sponsor the camper to the best of the church's ability. Every family is asked to contribute a minimum of \$25 to the cost of camp per camper.

Please reach out if this is not feasible for your situation. Thank you!

Requirements for requesting funds for camper registration fees:

- Must be complete with all required signatures and submitted no less than 16 days before the start of the camp session the camper is requesting funds for
- The \$25 deposit and registration in the specific camp session is required before the campership request will be considered. (deposit is refundable if a campership is not awarded)
- **A request to your home/local church MUST be made before you apply for campership**
- First come, first serve basis and maximum one campership per camper, per season

Camper Name: _____ Date of Birth _____

Address: _____ Phone: _____

Camp session registered for: _____

Email: _____ Home Church: _____

Does the camper qualify for free or reduced school lunch? Yes No

Number of dependents in household: _____ Annual 2018 household income: _____

Must provide proof of income. Examples of proof of income include two recent pay stubs, the first page of your 2018 tax return, or a statement of benefit income - such as social security, disability, or unemployment.

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|--|-------|-----------------------------|
| Camp Session Cost: | _____ | ex: (\$345) |
| Family Contribution Amount (min. \$25): | _____ | ex: (\$100) |
| *Local Church Sponsorship Amount (see below, pastor signature required): | _____ | ex: (\$100) |
| Campership Request Amount: | _____ | ex: (\$345-100-100 = \$145) |

*Name of local church providing sponsorship: _____

Name of Pastor approving sponsorship at local church: _____

Approved by signature: _____ Date: _____ Phone: _____

I, _____, certify that the camper listed above would not be able to attend the indicated Camp Michigamme program without the campership requested on this form.

Signature of adult filling out this form: _____ Date: _____

Camp Michigamme is owned and operated by the Northern Skies District of the United Methodist Church

For questions or assistance please call 906-323-6521 or email director@campmichigamme.org

Office use only received on: _____ amount granted: _____ on: ___/___/___ approved by: _____