

# Camp Luther Campership Application

*Camperships are scholarships based on financial need and are made possible only through the generous donations of others. Funds are limited, and availability can vary from year to year. If your congregation already provides scholarships for a portion of your registration fee, please consider leaving these funds for others in greater need. Your child must be registered for a summer program prior to submitting a Campership Application. Incomplete application forms will not be considered.*

## **OFFICE ONLY:**

Date Received: \_\_\_\_\_

Approved: Y/N

### **Parent/Guardian(s) of Camper**

Parent/Guardian One Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Parent/Guardian Two Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number in Household: \_\_\_\_\_

### **Camper Attending This Summer**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Sex: \_\_\_\_\_

### **Home Congregation**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pastor(s) Name: \_\_\_\_\_ Church Office Phone: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your church have a financial aid program?  YES  NO

If yes, what amount of financial aid is available to you? \$ \_\_\_\_\_.

### **Camp Information**

*Note: this form does not register camper. Please register online.*

Which summer camp program is the camper registered for?

\_\_\_\_\_ Kinder/Grandkids                      \_\_\_\_\_ Explorer                      \_\_\_\_\_ High School Week

\_\_\_\_\_ Pathfinder                                      \_\_\_\_\_ Trailblazer                      \_\_\_\_\_ Quest

\_\_\_\_\_ IMPACT

Program Dates: \_\_\_\_\_

Please describe your financial situation. Why are you asking for financial assistance?

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What amount of financial aid are you requesting? (You may request up to 50% of the cost of the program.)

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How many times have you received a Camp Luther Campership in the past? What year(s)?

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Are you applying for campership assistance for more than one child? If so, how many?

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**Application Process**

1. Register camper for desired Camp Luther program, paying necessary deposit fee.
2. Fill out Campership Application and send to Camp Luther no later than **May 1st**.  
Campership applications can be mailed to:  
**Camp Luther**  
**1889 Koubenec Rd**  
**Three Lakes, WI 54562**  
Or scanned and emailed to: [office@campluther.com](mailto:office@campluther.com)
3. If approved, staff will adjust the remaining balance and an email confirmation will be automatically sent to the email address on file. Remaining balances must be paid by May 1st. If not approved, applicant family will be contacted and informed.

**“I certify that the above information is correct and complete to the best of my knowledge.”**

Parent/Guardian Name (printed) \_\_\_\_\_

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