



## Campership Application Form

Please complete the appropriate portions, give the application to your pastor, a leader at the church, or someone who knows your financial situation and send the completed form to Camp AREV prior to the date of the camp you require assistance for.

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Children's Name	Sex	Grade	Age	Which Camp? (see below)

Choose the appropriate camp based upon the grade the camper will be entering:

Juniors – 4<sup>th</sup> – 5<sup>th</sup> grade    Junior High- 6<sup>th</sup> – 8<sup>th</sup>    High School- 9<sup>th</sup> – 12<sup>th</sup>    College/Career- HS grad - 29

Please explain specific reasons for Campership request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received a Campership before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

What percentage did you receive? \_\_\_\_\_

**Total cost for camp (for all if multiple children attending):**    \$\_\_\_\_\_

**Amount of financial assistance needed: (up to 50%)**    \$\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

The church is able to offer assistance to this individual in the amount of    \$\_\_\_\_\_

The church is not able to offer financial assistance at this time

Church / Pastor Name: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note to pastor: Your signature verifies the financial situation of the applicant)

Please mail the completed form to: Camp AREV, P.O. Box 11145, Glendale, CA 91226  
If you have any questions, please call (818) 507-0922 or e-mail [info@camparev.org](mailto:info@camparev.org)