

Campership Application Form

Camp and Retreat Ministries

Iowa Annual Conference of the United Methodist Church

The Board of Camp and Retreat Ministries feels strongly that everyone who wants to attend camp can do so, and that no camper will ever be turned away because they can't afford to pay. Iowa Camp and Retreat Ministries provide campership funds to individuals who need them most, based on the individual's and family's needs. Our expectation is that your local church, personal funds, other sources of support and conference campership support will combine to cover the registration cost for one conference camping event of your choice. Please allow enough time for this application to be reviewed prior to your camp experience. *(Family and Bring a Friend Discounts do not apply when receiving Campership Funding.)*

Application to be filled out by Guardian/Adult Camper:

I. Personal Information

Guardian Name _____ Camper Name (If adult participant) _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

My local church name *(if member or affiliated)* _____

Pastor _____ Pastor's phone _____

II. Camp Information

I am attending Camp # _____ Camp Title _____

Camp # _____ Camp Title _____

Camp # _____ Camp Title _____

Camp Location *(Circle one)* Wesley Woods Lake Okoboji Pictured Rocks

III. Campership Request

Camper Name(s)				
Total Cost of Camping event		\$	\$	\$
<i>Sources of income available to me</i>	Personal funds	-\$	-\$	-\$
	My local church support	-\$	-\$	-\$
	Other sources	-\$	-\$	-\$
Balance needed*		= \$	= \$	= \$

****I understand that funds are limited and I will be notified of my actual campership award***

IV. Questions and Reference

1. Please explain in detail your reason for request of funds in support of the above camper(s).
2. Is this the only Iowa U.M. Camp/retreat event this camper will attend this year? **YES NO**
If no, please share the other camp/retreat event(s) this camper has or will attend, if you have received a campership grant, and how much that campership grant was for.
3. Please share briefly what your local church or other resource agency is doing to help you, or what you have attempted to use as a resource.

Please list a reference (non-family) who we can contact who would have some knowledge of your situation. Suggestions are your pastor, church secretary, church youth worker, Sunday school teacher, school counselor, social worker, scout leader, etc.

Reference name _____ Relation to camper _____
Daytime Phone _____ Reference email _____

***SIGNATURE OF REFERENCE (REQUIRED)** _____

V. Completion – Please complete all fields. **Incomplete applications may not be accepted.** Campers with no connection to a local church may contact the Camping Office for information on available support. Your privacy in this matter is important and we will do all we can to maintain that integrity.

I understand that Iowa U.M. Campership funds are limited and will be granted on an individual need basis. I understand that an incomplete application will be returned to me and that a Campership cannot be awarded until its completion. I verify that the information on this application is true and correct.

***SIGNATURE OF APPLICANT (REQUIRED)** _____ **DATE** _____

We hope to see you this summer at camp, a life-changing and faith-shaping experience, and promise to do what we can to make this possible.
In Christ,
The Iowa U.M. Camp and Retreat Ministry Team

Return completed applications to:
Iowa Annual Conference of the U.M. Church
Camp and Retreats
2301 Rittenhouse Street
Des Moines, IA 50321
camps@iaumc.org