

Immanuel Lutheran Church---Youth Campership Application

Youth Name _____ Age _____ Gender M/F

Address _____

City _____ State _____ Zip _____

Email address _____ Church Affiliation _____

Phone _____ (home) _____ (cell)

Parent/Guardian Name _____

Address (if different) _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (cell)

Parent email _____

Today's Date _____

Name and date of event/camp/activity _____

Cost of event _____

Participant contribution _____

Fundraising contribution (if applicable) _____

Amount of campership request _____

(Standard at ILC is \$200/week, \$100/half week)

Briefly explain your need for additional campership assistance(over the standard amount listed above): _____

I understand this application in no way guarantees a campership award. I further understand Immanuel Lutheran Church awards partial and complete camperships based on funds available. Fundraising monies may alter the awarded campership amount. I have read and agree to the ILC Campership Policy.

Parent/Guardian signature _____

Student signature _____

For ILC use only :

Youth Applicant's Name _____

Youth criteria met-

Event attending _____

Application received in office _____(date) Deposit received _____

Fundraising participation __Y/N_____ Available funds _____

Youth group participation __Y/N_____

Family need __Y/N_____

Request granted ____Y/N _____ Amount awarded _____

Funds distributed _____date

_____organization

Signature (Pastor, Youth Director, Youth Board Rep)