

# 2019 Camp Bethel Campership Financial Assistance Application

This form can be completed and submitted on line at: [www.CampBethelVirginia.org/help](http://www.CampBethelVirginia.org/help). Complete this form ONLY if you are a pastor, social worker, or school guidance counselor confirming this family's need for financial assistance in the form of a "campership" from Camp Bethel. To help our limited fund reach more children, we ask families requesting assistance to pay AS MUCH AS THEY CAN toward their camp fee, and especially if they are requesting programs that are more expensive than basic resident or day camps. Maximum campership per child is up to \$350 for a 6-day/5-night camp and up to \$200 for a 3-day/2-night camp.

**Before completing this application**, you should have communicated directly with the requesting family to confirm (1) their chosen camp program title, (2) the dates of that chosen program, (3) the cost of that camp program (use the "Subsidized Fee"), and (4) the specific dollar amount of assistance requested from Camp Bethel. The dollar amount of assistance requested would be the cost of the program (Subsidized Fee) minus the amount the family can pay toward the camp fee. Maximum campership per child is up to \$350 for a 6-day/5-night camp and up to \$200 for a 3-day/2-night camp.

Please PRINT and complete this form and return to: Camp Bethel Registrar, 328 Bethel Road, Fincastle, VA 24090, or complete and submit this information on line at: [www.CampBethelVirginia.org/help](http://www.CampBethelVirginia.org/help)

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_ Camper's Gender \_\_\_\_\_

YOUR First and Last Name \_\_\_\_\_

Your relation to this Camper \_\_\_ Pastor \_\_\_ Guidance Counselor \_\_\_ Social Worker \_\_\_ OTHER \_\_\_\_\_

Name of YOUR church/agency/school/organization: \_\_\_\_\_

Your Email Address \_\_\_\_\_

*If we need to clarify or expand on your recommendation. Add our address [CampBethelOffice@gmail.com] to your contacts so that our reply doesn't go to your spam/junk. The Camp Director will contact you to verify your form completion.*

Your best phone number to reach you during the day (include area code) \_\_\_\_\_

During Which Dates does the camper's chosen program occur? (Ex: "July 14-19") \_\_\_\_\_

*Don't know the exact dates of this camper's chosen program? Either contact the Camper Family for specifics, OR open check [www.CampBethelVirginia.org/camps](http://www.CampBethelVirginia.org/camps) for the list of camp program titles and dates.*

Which Camp Program Title is the camper requesting? \_\_\_\_\_

*Write the title and number of their selected program, ex: "HS Biking + WWRafting 7." Don't know the exact title? Either contact the Camper Family for specifics, OR check [www.CampBethelVirginia.org/camps](http://www.CampBethelVirginia.org/camps) for the list of camp program titles.*

For this camper, we request financial assistance from Camp Bethel in the exact dollar amount of \$ \_\_\_\_\_.

*If you are unsure of the camp fee, you will need to check the specific camp program at [www.CampBethelVirginia.org/camps](http://www.CampBethelVirginia.org/camps) for exact fees (use the Subsidized Fee as your reference). Remember, we're asking families to pay as much as they can to offset their cost and to help our Campership Fund reach more families. Maximum campership per child is up to \$350 for a 6-day/5-night camp and up to \$200 for a 3-day/2-night camp. The amount you enter above should be the camp cost (Subsidized Fee) MINUS what the family can contribute.*

**My signature below verifies that this family has a financial need for assistance in the amount listed above.**

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

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Thank you for submitting this Campership Financial Assistance Application. Please inform the Camper's family that you have completed this form. Camp Director, Barry LeNoir, will contact you with any questions and/or to verify completion. Happy Camping!