

Killarney Lutheran Camp, Camps and Conferences
www.killarneycamp.org
Summer Campership Application for Individuals

KLSC
Form
CA

Instructions: The parent/guardian must complete and sign this *campership form* and return it along with the *camper registration form* at least 1 month prior to the date of camp. To qualify, need must be demonstrated and fund money must be available. Priority may be given to first time campership applicants. WELS/ELS applicants encouraged to speak to your pastor regarding church sponsorship & document that award on this form. Deposits accompanying registration forms are refundable up until the award response. A Camp Killarney Campership award may provide a percentage off the cost of the regular camp fee. (Attach any additional/helpful information. All information is kept strictly confidential).

Return to: Camp Killarney/John Barber, Summer Camp Chairman. Include which camp that your child will be attending: Teen Camp, CIT Program, Genesis Camp, or Adventure Camps (mail to: 1200 Chisholm Rd Onsted, MI 49265)

PLEASE PRINT:

WELS Church and City _____ Pastor's name/signature _____

Parent/Guardian Name _____

Phone _____

Mailing Address _____

City State Zip _____

Email _____

Is the first time your family has applied for a Killarney Campership? Y N

If Yes, when _____ Award amount \$ _____

Camper name _____ Age ____ Sex ____ Grade ____

Program Dates Session _____

Program Cost \$ _____ Financial Assistance Requested \$ _____

Church will pay _____ Family will pay \$ _____ Other will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Ethnic: Black __ Anglo __ Hispanic __ Asian __ Indian __ Other __

Camper name _____ Age ____ Sex ____ Grade ____

Program Dates session _____

Cost \$ _____ Financial Assistance Requested \$ _____

Church will contribute \$ _____ Family will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Zip Code _____ Ethnic: Black __ Anglo __ Hispanic __ Asian __ Indian __ Other __

Camper name _____ Age ____ Sex ____ Grade ____

Program Dates session _____

Program Cost \$ _____ Financial Assistance Requested \$ _____

Church will contribute \$ _____ Family will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Zip Code _____

Ethnic: Black __ Anglo __ Hispanic __ Asian __ Indian __ Other __

Parent/Guardian Signature _____ Date _____

All information is correct to the best of my knowledge

For Office Use Only Campership Awarded \$ _____ Board Signature _____ Date _____