



Campership Application Form

Camp & Retreat Ministries

Dakotas Annual Conference of the United Methodist Church

The Dakotas camping leaders 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. Dakotas United Methodist Camps provides 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 and conference 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.

I. Personal Information:

Applicant Name _____

Camper Name(s) *(if different from applicant)* _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

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

Pastor _____ Phone _____

II. Camp Information

I am attending Camp (Title) _____

Camp Location _____ Dates _____

III. Campership Request

| | | | |
|--|--------------------------|------|------|
| Camper Name(s): | | | |
| Total Cost of Camp 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 & Reference

1. Please briefly explain your reason for request of funds in support of the above camper(s).

2. Is this the only camp/retreat event this camper will attend this calendar year? **YES** **NO**

If not, please share the other camp/retreat events 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 church pastor, secretary, youth worker, Sunday school teacher, school counselor, social worker, scout leader or other such person.

Reference Name: _____ 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. Some special limitations may apply to camp events held outside the Dakotas Conference. Your privacy in this matter is important and we will do all we can to maintain that integrity.

We hope to see you this summer at camp, a life-changing and faith shaping experience, and promise to do whatever we can to make this possible!

God's blessings,

Dakotas United Methodist Camps

(605) 990-7780

Return Completed Applications

By mail to: Dakotas and Minnesota Area Camping Office
122 W. Franklin Ave Suite 400
Minneapolis, MN 55404

By fax to: 612-870-1260

By email to: info@dakcamps.org