



Monroe Camp and Retreat Center

24501 Camp Monroe Rd. • Laurel Hill, NC 28351

(910) 276-1654 • www.MonroeCamp.org

Campership Application

ANY CAMPERSHIPS AWARDED MUST HAVE COMPLETED AND PAID IN FULL TWO WEEKS PRIOR TO SELECTED CAMP SESSION. THERE IS A LIMITED NUMBER OF CAMPERSHIPS AVAILABLE AND WILL BE ALLOCATED WITH BOTH FIRST COME AND NEED.

PLEASE COMPLETE THIS FORM AND SUBMIT WITH THE REQUIRED ITEMS TO:

Campership Application
Monroe Camp and Retreat
Center
24501 Camp Monroe Rd.
Laurel Hill, NC 28351

OR

Subject: Campership
Application

office@monroecamp.org

Summer Camp Campership Guidelines:

- Applicants are evaluated without regard to race, religion, or sex.
- Funding is limited and camperships are not guaranteed to all applicants.
- Camperships are only available for one session per child.
- Staff of Monroe Camp and Retreat Center and their children are not eligible for camperships.
- Camperships may not be awarded two years in a row.
- Incomplete applications will not be reviewed.
- Camperships will be awarded based on need.
- A maximum of 60% of the cost per session is available per child.

Summer Camp Campership Recipient Requirements:

- Submit completed application
- Submit financial documentation demonstrating need
- Attach additional sheets if needed to complete answers
- Adventure Camp is NOT eligible for Camperships
- Complete and submit follow-up report (attached) and letter *after* Summer Camp



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Please fill out one form per child.

Name of Child _____ Birth Date ____/____/____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Grade Completed as of June 2017 _____ School _____

Has your child attended Summer Camp at Camp Monroe before? (circle) YES / NO When? _____

What do you hope your child will gain from experiencing sleep away summer camp for a week?

How did you hear about Camp Monroe? _____

How many dependents currently live in the household? _____

Please list their ages: _____

Camp Session Requested: _____ (Adventure Camp Unavailable)

Family Information:

Father's Name _____ Place of Work _____

Address (if different) _____

Mother's Name _____ Place of Work _____

Address (if different) _____

Legal Guardian (if not living with mother/father) _____

Please indicate your total household income from all sources:

___ Below \$10,000 ___ \$20,001 - \$30,000 ___ \$40,001 - \$50,000

___ \$10,001 - \$20,000 ___ \$30,001 - \$40,000 ___ \$50,001 +



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Are any of the following included in the total household income? Please list the amount per month.

___ Food Stamps \$ _____

___ Child Support \$ _____

___ Alimony \$ _____

___ Social Security \$ _____

___ Additional Public Assistance \$ _____

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary?

Are other family members currently applying for assistance? (circle) YES / NO

Has anyone in your family previously received financial assistance for Camp Monroe? (circle) YES / NO

If yes, when? _____ How much was received? \$ _____

Amount you are requesting: \$ _____

In addition to the amount requested, the family agrees to pay the remaining balance TWO WEEKS prior to the start of the camp session.

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. In addition, I have read and understand the information provided on this application.

Signature: _____ Date: ____/____/____

Office Use Only:

Application Received On: ____/____/____

Session Requested: _____

Board Approved On: ____/____/____

Family Informed On: ____/____/____

Approved By: _____