**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

Subject: Campership Application

OR

[office@monroecamp.org](mailto: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.
* Incomplete applications will not be reviewed.
* Camperships will be awarded based on need.
* A maximum of $249 is available per child per resident camp.

**Summer Camp Campership Recipient Requirements:**

* Submit completed application
* Attach additional sheets if needed to complete answers

# Office Use Only:

Application Received On: / / Session Requested:   
Family Informed On: / / Approved By:

# Please fill out one form per child.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Birth Date / / Mailing Address City State Zip Phone ( ) Email Grade Completed as of June 2025 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:

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? $

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: / / \_

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