



CAMPERSHIP ADVOCATE FORM

Please fill in the top section and give this page to a mentor/spiritual leader/unrelated adult of camper.

Camper Name _____ Camp Program Name _____

FOR THE ADVOCATE

It is our desire at Camp Hebron that every child be able to attend Summer Camp or Retreat Programs regardless of financial situations. Therefore, a designated fund is set up to assist those who demonstrate a financial need. The above named person has requested financial assistance for a Camp Hebron program.

- Thank you for completing this form. Return to Camp Hebron for processing ASAP as camperships cannot be processed without it (deadline for campership applications is **May 31st** (*late applications will be accepted pending fund availability*)).
- Mail or email form to the address listed at the bottom of the page, "ATTN: Campership" or info@camphebron.org with "Campership" listed in the subject line

Advocate Name _____ Relationship to Applicant(s) _____

E-mail Address _____ Phone _____

How long and in what capacity have you known the applicant? _____

Please describe your support for the child applying to receive a campership from Camp Hebron.

Recognizing that Camp Hebron is an extension of the church and does not provide year-round discipleship, we look to partner in ministry with local churches/ministries or mentors as they guide others in their walk with the Lord. Listed below are ways we suggest supporting an individual who attends camp. Please mark all that apply.

- I will commit to pray for child while at Camp Hebron
- I will follow-up with this child after their program at Camp Hebron
- Other _____

Signature _____ Date _____

Donations to Camp Hebron's Campership Fund can be made online: www.camphebron.org/donate