



# Campership Application Form

Camp & Retreat Ministries

Dakotas Conference of The United Methodist Church

The Camp & Retreat Council feels strongly that everyone who wants to attend camp should be able to 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.

If you prefer, you may apply online at [www.dakotasumc.org/camping/forms/campership-form](http://www.dakotasumc.org/camping/forms/campership-form)

## 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 \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

## II. Camp Information

I am attending Camp # \_\_\_\_\_ Camp Title \_\_\_\_\_

Camp Location \_\_\_\_\_ Dates \_\_\_\_\_

## III. Campership Request

<b>Camper Name(s):</b>			
<b>Total Cost of Camp Event:</b>		\$	\$
<i>Sources of Coverage Available to Me</i>	Personal Funds:	- \$	- \$
	My Local Church Support:	- \$	- \$
	Other Sources:	- \$	- \$
<b>Balance Needed*:</b>		= \$	= \$

**\*I understand that funds are limited and I will be notified of my actual campership award.**

## IV. Questions

1. Please briefly explain your reason for request of funds in support of the above camper(s).
2. Is this the only United Methodist camp/retreat event the applicant will attend this calendar year?  
**YES NO**

If you answered no, please share the name of the other camp(s) the applicant has attended/will attend this year and whether you received financial assistance. **Note: There is a limit of one Dakotas UM campership per individual per year.**

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. **The local church should be the first line of assistance.**

## V. Reference

Please list a **(non-family)** reference 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: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I certify that there is sufficient need for the funds requested.**

**Signature of reference (required):** \_\_\_\_\_

## VI. Completion

Please complete all fields. Incomplete applications may not be accepted. Campers without a connection to a local church are still eligible to receive camperships. 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.

I understand that UMC Campership funds are limited and will be granted on an individual need basis. I verify that the information on this application is true and correct.

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**  
**855-622-1973**

### Return Completed Applications

**By mail:** DAK-MN Area United Methodist Camping Office  
122 W. Franklin Ave. Suite 400  
Minneapolis, MN 55404

**By fax:** 612-870-1260

**By email:** [info@dakcamps.org](mailto:info@dakcamps.org)