



at Makemie Woods
P. O. Box 39
Barhamsville VA 23011
(800) 566-1496

The Rev. Michelle "Mike" Burcher, Program Director
Dr. Marta Satin-Smith, Medical Director

CAMPERSHIP APPLICATION

These camper scholarships are intended for campers who would not be able to afford to come to camp unless they received assistance. Please give this careful consideration. Expect that it will take approximately five weeks for campership awards to be determined.

Please complete the following information and return with the registration form. Two signatures are requested: the parent/guardian and doctor, social worker, pastor, or civic club president.

Name of Camper: _____

Camper's Address: _____

Name of Parent or Guardian: _____

Home Phone: _____ Parent/Guardian Work/Mobile Phone: _____

- | | | |
|----|---|------------|
| 1. | Camp Session Fee | \$ _____ |
| 2. | Registration Fee (\$50 for full scholarship, \$100 for partial) | \$ - _____ |
| 3. | Amount Family Can Contribute | \$ - _____ |
| 4. | Amount Available from Other Sources | \$ - _____ |
| 5. | Amount Requested from Campership Fund | \$ _____ |

PARENT/GUARDIAN SIGNATURE: _____

To be completed by doctor, pastor, social worker, or civic club president:

It is of my opinion that the camper named above would not be able to attend camp without financial assistance. Please grant the requested campership.

Signature: _____

Position or Title: _____

Please print name and position/title: _____

(Please feel free to use the back of this form to give any information you feel would be helpful to the Campership Committee. This information will be kept confidential.)

Mail to:

Camp Jordan c/o Makemie Woods
P. O. Box 39
Barhamsville, VA 23011