

# CAMPERSHIP APPLICATION EPISCOPAL DIOCESE OF NEVADA

The Camp Galilee Campership Fund provides funding to assist youth to attend Camp Galilee. These forms are held confidentially by the Camp Galilee Campership Committee. Please refer to the Galilee website for a registration form for fees of the various camps. **Please send in your campership application with a registration form to the address below.** We encourage you to approach your parish church to ask for financial support in addition to this request.

Camper's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Wishes to attend which camp session? \_\_\_\_\_

The Campership Committee makes every effort to provide a week at Camp Galilee for everyone. The expenses for the session are to be shared by the participant, the Camp Galilee Campership Fund, and the applicant's parish church, if applicable. The expected family contribution is \$50.00. If this is not possible, please determine what is possible and record it below.

Statement of Need (Please provide a few sentences as to your reasons for requesting financial aid.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Amount Requested

1. Total Cost of Event \$ \_\_\_\_\_

2. Amount paid by Family (at least \$50.00) \$ \_\_\_\_\_

3. Amount paid by Congregation (if any) \$ \_\_\_\_\_

4. Add lines 2 & 3 \$ \_\_\_\_\_

Subtract lines 4 from 1. This is the campership total request. \$ \_\_\_\_\_

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed campership application with your check to the Camp Registrar at:

**Camp Galilee Campership Committee**  
**PO Box 236**  
**Glenbrook, NV 89413**