



**Monroe Camp and Retreat
Center**

24501 Camp Monroe Rd. □ Laurel
Hill, NC 28351 (910) 276-1654 □
www.MonroeCamp.org

Campership Application

ANY CAMBERSHIPS AWARDED MUST HAVE COMPLETED AND PAID IN FULL TWO WEEKS PRIOR TO SELECTED CAMP SESSION. THERE IS A LIMITED NUMBER OF CAMBERSHIPS 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

OR

Subject:
Campership
Application

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 \$225 is available per child per resident camp.

Summer Camp Campership Recipient Requirements:

- o Submit completed application
- o Attach additional sheets if needed to complete answers

Office Use Only:

Application Received On: ____/____/____ Session Requested: _____

Family Informed On: ____/____/____ Approved By: _____



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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 2024 _____ 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: ____/____/____