



## 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

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### 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 \$249 is available per child per resident camp.
- New campers will be selected over returning campers for need, if the situation arises.

### Summer Camp Campership Recipient Requirements:

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

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### 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 2026 \_\_\_\_\_ School \_\_\_\_\_

Has your child attended Summer Camp at Camp Monroe before? (circle) YES / NO When? \_\_\_\_\_

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*What do you hope your child will gain from experiencing sleep away summer camp for a week?*

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

*How did you hear about Camp Monroe?* \_\_\_\_\_

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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.

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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.

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Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_