



Account # \_\_\_\_\_

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Notification Sent: \_\_\_ E \_\_\_ P

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## Cohutta Springs Youth Camp 2018 CAMBERSHIP APPLICATION FORM

**Both pages of form must be complete for consideration.**

*Please check with your church to find out if they offer assistance before submitting this form.*

### CAMPER INFORMATION

|   |             |           |
|---|-------------|-----------|
| Name _____  | ( ) Female  | ( ) Male  |
| Address _____   |             |           |
| City _____  | State _____ | Zip _____ |
| Birthdate _____   | Phone _____ |           |
| Which camp would you like to attend? (Junior I, etc.) _____ |             |           |

### PARENT/GUARDIAN INFORMATION

|  |             |           |
|--|-------------|-----------|
| Name _____   |             |           |
| Address _____  |             |           |
| City _____   | State _____ | Zip _____ |
| Phone _____  | Email _____ |           |
| SDA Member ___ Yes ___ No If Yes _____   |             |           |
| Church _____ Current Pastor _____  |             |           |
| Have you asked your church if they offer assistance for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |           |

### PLEASE ANSWER THE FOLLOWING

*NOTE: Full scholarships are never awarded, we partner with families & churches—See back page. This form **will not** be processed if this line is left blank or if the full camp fee is listed.*

**Total funds needed ~ from Financial Worksheet on page 2** \$ \_\_\_\_\_

Have you previously received Campership assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_      Single Parent Household: Yes \_\_\_\_\_ No \_\_\_\_\_

If employed & not a single parent, please explain reason assistance is needed:  
\_\_\_\_\_  
\_\_\_\_\_

List names and contact information of two individuals that we can contact for recommendation:  
(Example: Church Leader, Employer, Work Supervisor, etc.) **NO FAMILY MEMBERS PLEASE!**

|                    |             |
|--------------------|-------------|
| NAME _____         | PHONE _____ |
| Relationship _____ |             |
| NAME _____         | PHONE _____ |
| Relationship _____ |             |

**PARENT, PLEASE ANSWER THE FOLLOWING:**

How would a week at COHUTTA SPRINGS YOUTH CAMP benefit your child?

**FINANCIAL WORKSHEET– To be completed by applicant**

Full Camp Fee (SDA member or non-member rate as applicable) \$ \_\_\_\_\_

*See camp fees on pg. 26 of the camp brochure or on our website, cs-yc.com. Online and early bird discounts do not apply.*

**Possible Fund Sources:**

(NOTE: Funds are awarded when there is camper initiative and some level of family/extended family involvement.)

Personal Funds (Savings, loose change jar, etc.) \$ \_\_\_\_\_

Camper’s initiative (mowing, raking, letters of request, walk-a-thon, etc.) \$ \_\_\_\_\_

Extended Family (grandparents, aunts & uncles, etc.) \$ \_\_\_\_\_

Outside Sources (Local Church, Employer Assistance, etc.) \$ \_\_\_\_\_

Total Funds Raised \$ \_\_\_\_\_

**TOTAL NEEDED (enter on front) \$ \_\_\_\_\_**

(Subtract funds raised from Camp Fee)

*Thank you for submitting this form. We will process it and get back with you by email or phone as soon as possible (within two weeks). We are committed to assisting as many young people as possible to come to camp. Please understand that our funds are limited as we are a not-for-profit operation.*



Form may be faxed to: 706-625-3684,  
Scanned & emailed to: [campinfo@gccsda.com](mailto:campinfo@gccsda.com)  
or

Mailed to: Cohutta Springs Youth Camp, PO Box 12000, Calhoun, GA 30703