



Account # _____

OFFICE USE ONLY

Notification Sent: ___ E ___ P

Date: _____

Amount: _____

Cohutta Springs Youth Camp 2024 CAMPSHIP 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	
<i>Please check with your church to find out if they offer assistance before submitting this form.</i>	

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 in 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.) \$ _____
 (Many churches offer assistance when asked.)

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
or

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