

Koinonia Camperships

As Easy as A, B, C

Koinonia is operated by the Lutheran Church and provides camping and retreating experiences for all.

Camperships are available for children, families and adults.

Anyone who is not able to pay the full fee is eligible to apply for a campership.

A.

Ask your pastor if there are any church or community funds that might assist you, your child or family in attending a church camp or retreat. Often there are monies that exist for just this purpose. Koinonia requires that this form is signed by your pastor. If you do not have a church home, please call the Koinonia office so we can help you meet the qualifications for a campership.

B.

Begin to plan how much you or your family can provide toward the total cost of camp. ***In order for Koinonia to provide as many camperships as possible, we encourage you to contribute as much as your situation will allow.***

C.

Complete the form that is on the back side of this paper. Be sure to answer all questions and secure your pastor's signature. Then, mail the form along with your program registration to: Koinonia, 165 Lakeview Drive, Highland Lake, NY 12743 or FAX to 845-557-0517. If you have any questions call 1-800-980-2267.

D.

Done you are! See there.....easy as A-B-C!

Application for Koinonia Campership

Name of the camper: _____
(This is the person who is registering as a participant in a Koinonia program and will receive the campership)

Name of the applicant: _____
(This is the person who is responsible for completing this application and the program registration. In the case of an adult camper, the applicant may also be the camper.)

What is the relationship between the camper and the applicant?
 Parent or Guardian Other _____

Applicant Street Address _____

City, State, ZIP _____

Phone _____ E-mail _____

Program and date of camp or retreat session: _____

Amount that the family or applicant is able contribute towards fee: \$ _____

Amount that the church is able to contribute towards fee: \$ _____

Amount from other sources: \$ _____

Amount being requested from Koinonia \$ _____

****Please note that the maximum that Koinonia provides under normal situations is up to 50% of the fee.*

Total (should equal Koinonia fee) \$ _____

Section to be completed by pastor:

Dear clergy,

The person named above would like to attend a church camp or retreat operated by Koinonia. They are either members of your congregation or live in your neighborhood. This applicant requires financial assistance. Please consider helping them with a portion of the fee. Koinonia will also consider awarding financial aid to this applicant. If you have questions feel free to call one of the directors Steve Lee or Lisa Spittler at 1-800-980-2267. Thank you!!

The above applicant has visited with me about financial help for a church camp experience.

Our congregation can help by awarding the following amount \$ _____.

Our congregation is not able to help at this time.

Name of Church _____

Address, City, State, ZIP _____

Telephone and email _____

Name of Pastor _____

Signature of Pastor _____ Date _____