

# CAMPERSHIP REQUEST

**Camp Shalom, Inc.**  
2136 Brady Street  
Davenport, Iowa 52803

The people of Camp Shalom are committed to providing people of all ages a Spirit-filled experience in a time and place apart. As part of this commitment, we actively raise funds to provide camp scholarships. These “camperships” are available to any child, or family in need of financial assistance regardless of their church affiliation and/or history with Camp Shalom.

Please fill out this form and return it to: Camp Shalom / 2136 Brady Street / Davenport, IA 52803.

Camper’s Name (Last, First, Middle Initial) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade Next Fall \_\_\_\_\_

Has your child previously received financial assistance? € Yes € No

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing address \_\_\_\_\_

Employer \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing address \_\_\_\_\_

Employer \_\_\_\_\_

Number of children at home? \_\_\_\_\_

Please explain and list reason(s) why your family needs this assistance (illness, unemployment, childcare, etc.)

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

How much of the camper fee would you be able to pay? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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## OFFICE USE ONLY

Session \_\_\_\_\_ Amount Approved \_\_\_\_\_

Staff Signature \_\_\_\_\_