



**LUTHERAN VALLEY RETREAT
CAMBERSHIP APPLICATION FORM**

Name: _____

Phone: _____ Work Phone: _____

Home Address: _____

Street

City, State

Zip Code

Email

Child's Name and Date of Birth:

Summer Camp Session Choice:

Please explain your need for financial assistance:

Please circle what type of scholarship you would like to receive (by circling one you are not guaranteed that amount):

Partial (name amount): _____ or Full

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Office use only

Date received: _____

Financial assistance given for each child: _____

Total financial assistance for family: _____