



Calvin Crest Conferences' desire is for every child and youth to have the opportunity to attend a week of summer camp at Calvin Crest. Every year we do our best to see that we provide the camp experience for as many children and youth as possible.

Thanks to annual donations from Calvin Crest's supporters we are able to offer partial scholarships. Calvin Crest's Campership Fund is a limited amount that our donors replenish annually. In order to help as many children and youth as possible, Calvin Crest provides financial assistance based on need or special circumstance. You can apply for a Calvin Crest partial campership based on need, special circumstance, or both. In order to make need based partial camperships equitable to all we are following a model that is similar to the California Special Milk Program. PLEASE NOTE: If a camper is attending multiple camp sessions Calvin Crest will only provide a partial campership for one camp session.

If you have any questions please call the Registrar at (559) 683-4450 ext 205 or email calvinreg@calvincrest.com.

To apply:

1. Please fill out the enclosed Calvin Crest Conferences **Campership Application** form.
2. If attending with a church return the application to your church Registrar, Youth Pastor, or Pastor to complete and return to Calvin Crest along with your completed registration form or register online.
3. Return Calvin Crest Conferences Campership Application via fax, mail or email.

Mail To:

Calvin Crest Conferences
Attn: Registrar
45800 Calvin Crest Road
Oakhurst, CA. 93644

Fax To: (559) 683-7118

Email To: calvinreg@calvincrest.com



2014 Campership Application

Camper Name (First & Last)		Session(s) Attending	
Parent/Guardian Name (Print)		Parent/Guardian Signature	Date
Address			Apt #
City		State	Zip
Home Phone	Cell Phone	Email	
Total # in Household		Total Yearly Household Income (Parents/Guardians Combined Income)	

Please provide a description of the Campers financial need or other special circumstance:		
Approximately what is the partial campership amount you are requesting? \$	Will the camper be able to attend camp if partial campership is not received? (Circle One) YES/NO	Why? or Why Not?
Has the camper been to Calvin Crest before? (Circle One) YES/NO	If Yes please list year and what camp they attended:	

Church Affiliation (IF NONE STOP HERE)

Church Name			
Address	City	State	Zip
Church Phone		Church Fax	
Will the Church be providing financial Assistance? (Circle One) YES/NO		If Yes what is the amount?	
Name of the person at the church who is authorizing that amount:			
Registrar/Pastor Name (Print)		Registrar/Pastor Signature	Date
Registrar/Pastor Phone		Registrar/Pastor Email	

Thank you for your application. We will respond to your request within two weeks of receiving your completed application. Please call to confirm receipt of your application. You or your church registrar will receive a confirmation via email.

C A L V I N C R E S T C O N F E R E N C E S

45800 Calvin Crest Road, Oakhurst, California 93644 www.calvincrest.com 559 683-4450 559 683-7118 fax calvinreg@calvincrest.com