

Camp Gailor-Maxon

Campership Application

Please submit one application per family. If you have any questions, email cgm@DuBoseConferenceCenter.org.

Application due April 15. Award amounts will be communicated via email by May 15.

Camper(s) Name(s)	Please circle session attending				
	PreCamp	I	I/GAP	II	III
	PreCamp	I	I/GAP	II	III
	PreCamp	I	I/GAP	II	III
	PreCamp	I	I/GAP	II	III

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

Total Camp Fees due for all children/youth in family: _____

Total Campership amount requested: _____

(Please note that we cannot ever provide 100% of camp fees.)

Please tell us about your family circumstances that bring you to ask for this assistance:

Home Parish: _____

Because our scholarship funds are limited, we do ask that you ask your parish for support. How much assistance is your home parish/priest providing for your family?

Does your parish do any fundraising to help youth afford camp? _____

If so, what does it do? _____

Parent Signature: _____ Date: _____

Parish Priest Signature: _____ Date: _____

You may scan this form and email it to cgm@DuBoseConferenceCenter.org or mail it to Camp Gailor-Maxon, attention: Campership Application, c/o DuBose Conference Center, Box 339, Monteagle, TN 37356. Application must be postmarked or emailed by April 15.