

# Presbytery of Susquehanna Valley

PO Box 87, Nineveh, NY 13813 | Phone: 607-323-4477 | Fax: 607-323-4479 | [pmc@susvalpresby.org](mailto:pmc@susvalpresby.org)

## 2019 Summer Campership Instructions (Overnight Christian Camps only)

1. Choose your camp and program from among various Christian camps.
  - Level 1 – Presbyterian PC(USA)
  - Level 2 – Churches Uniting in Christ\*, Reformed Church of America, or American Baptist.
  - Level 3 – Other Christian Camps.
2. Apply directly to the camp and send the required deposit to the camp.
3. Apply for your Campership online or by snail mail.
  - a. The name of your Clerk of Session or Pastor and his or her e-mail address is required.
  - b. Online applications are preferred as they are easier to process
  - c. The awards are as follows:
    - Level 1 Camps – The lesser of 3/4 the cost of a one-week program or \$500.
    - Level 2 Camps – The lesser of 2/3 the cost of a one-week program or \$375.
    - Level 3 Camps – The lesser of 1/2 the cost of a one-week program or \$250.
4. When the application has been reviewed, **AND** we receive confirmation of the camper's active involvement in the church from the pastor or clerk, a decision will be made on the award.
5. You will be notified by e-mail when the award has been made. Camps will also be notified to expect payment.
6. Campership Applications will be accepted through 7/31/2019. Campers may only apply for one Campership in each calendar year.

\***Churches Uniting in Christ:** United Methodist, United Church of Christ, Evangelical Lutheran Church in America, Episcopal, African Methodist Episcopal, African Methodist Episcopal Zion, Christian Methodist Episcopal, Moravian Church, Christian Church (Disciples of Christ), or International Council of Community Churches (USA).

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## 2019 Summer Campership Application (Overnight Christian Camps only)

### PARTICIPANT INFORMATION

Name \_\_\_\_\_  
FIRST MIDDLE LAST NICKNAME

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
2018-19 SCHOOL YEAR

Name of Camp \_\_\_\_\_ Name of Program \_\_\_\_\_

Dates of Program \_\_\_\_\_ Total Cost of Program \_\_\_\_\_ Amount to be paid by Presbytery \_\_\_\_\_

### CUSTODIAL PARENT/GUARDIAN

Name \_\_\_\_\_  
FIRST MIDDLE LAST RELATIONSHIP

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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

### CHURCH INFORMATION

Church \_\_\_\_\_  
NAME PHONE EMAIL

Pastor or Clerk of Session \_\_\_\_\_  
NAME PHONE EMAIL

**Pastor/Clerk:** Please confirm that the applicant is an active participant in the life of the congregation.  
(Please note that formal church membership is not a requirement, just attendance/participation in church programs.)

Pastor/Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Presbytery Mission Center by mail, fax, or email.