

# Camp MiVoden Campership 2025



Date \_\_\_\_\_

Camper Last Name \_\_\_\_\_ Camper First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Camp Preference \_\_\_\_\_

Parent Names \_\_\_\_\_ Marital Status \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of Family Members \_\_\_\_\_ Monthly Income \_\_\_\_\_

State Assistance/Social Security \_\_\_\_\_ Other \_\_\_\_\_

Anything else we should know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family \_\_\_\_\_ Other \_\_\_\_\_

Sponsors: Church \_\_\_\_\_ Amount \$ \_\_\_\_\_

Authorized Pastor or Treasurer of Church Signature \_\_\_\_\_

Authorized Pastor or Treasurer of Church Printed Name \_\_\_\_\_

Date Approved by Church \_\_\_\_\_ (Three Way Scholarship \$200 -1/3 to each -Church/Camp/Family)

Office Use: Camp \_\_\_\_\_

Church Campership Amount Approved \_\_\_\_\_ Cost \_\_\_\_\_

Pastor Approval \_\_\_\_\_

Date Approved \_\_\_\_\_ Church Scholarship \_\_\_\_\_

Camp Campership Amount Approved \_\_\_\_\_ Camp Scholarship \_\_\_\_\_

Date Approved \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Please complete top portion of form and return to:  
Camp MiVoden  
3715 S Grove Road  
Spokane, WA 99224  
Email: [denisek@uccsda.org](mailto:denisek@uccsda.org) or fax to (509) 242-1506.