

Camp Lutherhoma
PO Box 1672
Tahlequah, OK 74465
Phone: 918-458-0704
Fax: 918-456-2919



Our Mission is to Nurture Discipleship in Jesus Christ, in Outdoor Settings, Which Excites Believers to Share the Love of Christ to the World.

**Financial Assistance Request Form Through the
Gayle Ross Memorial Campership Fund**

A campership assistance fund established to provide funding for a limited number of financial aid awards.

Please complete and return to camp no less than 2 weeks prior to the date of your camper's session. Sending in the application is not indication of approval of financial aid. The camp director will contact you soon.

Parent One Information

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ @ _____ Camper Lives With Parent One: (Yes) (No)

Parent Two Information

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ @ _____ Camper Lives With Parent Two: (Yes) (No)

General Information

Number of children in immediate family: _____
Number of children currently living at home: _____
Number of children in college: _____
Marital Status: (married, separated, single, divorced): _____

Name and age of first child wishing to receive aid: _____ Age: _____
Name and age of second child wishing to receive aid: _____ Age: _____

Total Combined Annual (Yearly) Income of Household: (include salaries, public assistance, unemployment, child support, retirement, disability, etc.)(A copy of your previous year's federal income tax return might be requested) _____ \$ _____

Amount of Request (circle one)

Full fee for one week _____ 50% of fee for one week _____ Requested amount: (\$ _____)