

# CROSS ROADS CAMP AND RETREAT CENTER

29 PLEASANT GROVE ROAD PORT MURRAY, NJ 07865 PH: 908.832.7264 FAX: 908.832.6593  
OFFICEMANAGER@CROSSROADSRETREAT.COM WWW.CROSSROADSRETREAT.COM

Thank you for applying for scholarship assistance to attend a Cross Roads Camp and Retreat Center retreat. We appreciate your interest in participating in a retreat and want to support you as much as possible. Ideally we would like to have no barriers that prevent someone from attending a retreat at Cross Roads. We are able to provide these camperships through the generosity of many people who donate to our Annual Fund and want to best utilize those donations. Because of this, we are asking for your help in stretching our campership budget to provide at least some assistance to as many people as we can.

Our general guidelines state that one third of the cost of the program is the most we can offer. Under unusual circumstances, we are able to provide more of the cost. Many parishes and other local sources are able to provide additional assistance and we urge you to explore those possibilities. Local support is not required to apply for assistance.

We want you to attend the program you have chosen and appreciate the initiative you have taken to request assistance. Cross Roads will help as much as we can.

If you have any questions please contact our Office Manager at 908-832-7264 or [officemanager@crossroadsretreat.com](mailto:officemanager@crossroadsretreat.com).

# Cross Roads Campership Request Form

*Please return this form and complete registration online.*

Campership Request, Cross Roads, 29 Pleasant Grove Road, Port Murray, NJ 07865

## Participant Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

Have you applied for a campership at Cross Roads before? Yes \_\_\_ No \_\_\_

Total Camp Fee:	\$ _____
Amount the family will pay	\$ _____
Amount family's church will pay	\$ _____
Amount of campership requested	\$ _____

Please use the space below to provide us with information that will help us in evaluating your request in relation to other applications we receive (# of dependents, family income, special circumstances, etc.)

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## To be completed by Minister

\_\_\_ The church's contribution will be \$ \_\_\_\_\_.

\_\_\_ The church is not able to contribute to the camp fee.

Is there any additional information you feel would be helpful in reviewing this application?

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Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Church Name & Address \_\_\_\_\_

### *For Camp Use:*

*Date Received* \_\_\_\_\_ *Reviewed* \_\_\_\_\_ *Amount* \_\_\_\_\_ *Camper notified* \_\_\_\_\_