Greater Niagara Frontier Council **2015 Campership Application** Boy Scouts of America

2860 Genesee Street, Buffalo, NY 14225 (716) 891-4073

All Scouts must be signed up for camp with the Pack/Troop prior to submitting this form.

- **Please allow 4-6 weeks for processing and notification.**
- **Please enter only one Scout per application.**
- **DUE IN THE SCOUT OFFICE BY NO LATER THAN MARCH 13, 2015. Late Applications will NOT be considered.**
- **Incomplete applications will result in a reduced campership or rejection of the application.**
- **For special circumstances contact The Service Center**

Section A – General Information

Camp Program (check one): _____Boy Scout Resident Camp _____Cub Scout Resident Camp

Camp Dates: _____ District: _____ Pack #: _____ Troop #: _____ Crew #: _____

Scout's Name: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Size of family: #Youth _____ #Adults _____

Are there other Scouts in your household going to camp this year (circle one)? Yes / No How many? _____

How much assistance are you requesting? $_____

How much assistance will you be receiving from your Pack/Troop? $_____

What is your total household yearly gross income? $_____

Section B Parents'/Guardian's Information (Must be completed in full)

- Father's Name: _____ Phone: _____

Address (Street, City, State, Zip): _____

Employer: _____ Gross Income:_____

- Mother's Name: _____ Phone: _____

Address (Street, City, State, Zip): _____

Employer: _____ Gross Income:_____

- Guardian's Name: _____ Phone: _____

Address (Street, City, State, Zip): _____

Employer: _____ Gross Income:_____

- Other Income (i.e. Welfare, Child Support): _____

Explanation of Need – The explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages._____

_____

_____

I certify that all of the information contained in this application is true and correct

Parent or Guardian Signature: _____Date: _____

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Section C – Top Unit Leader's Endorsement (A Unit Leader is a Scoutmaster, Cubmaster, or Committee Chairman)

Top Unit Leader's Name: _____ Phone: _____

Address: _____City _____State _____Zip _____

Did your unit participate in the Council's annual popcorn sale (circle one)? Yes / No

If yes, did the Scout sell (circle one)? Yes / No

Did your unit participate in the Council's Friends of Scouting campaign (circle one)? Yes / No

Did your unit have fundraisers to help scouts to go to camp (circle one)? Yes / No

If yes, did the Scout participate (circle one)? Yes / No

Is this scout an active member of your unit rarely missing meetings/activities? Yes / No

Has this scout attended summer camp before? Yes / No If yes, when? _____

Briefly explain why the Scout deserves a campership (Note: This **must be completed** to be considered):

_____

_____

_____

_____

As unit leader, I hereby certify that our unit committee has confirmed the circumstances, and to the best of our knowledge the need reflected is accurate.

Top Unit Leader's Signature _____Date: _____

Remember: The Scout MUST be signed up for Camp prior to submitting this form, however no fee is due until the notification letter from The Council Service Center is received. No late fees will apply.

For Council Use Only

Date Application Received: _____ Amount Requested _____ Unit Payment_____

Total Camp Fee: _____

Approved: _____ Disapproved: _____ Reason: _____

Reviewed By: _____ Date Reviewed: _____

Amount Awarded $_____

Date Mailed to Parent/Guardian: _____ Date Mailed to Unit Leader _____