

DUE IN THE SCOUT OFFICE NO LATER THAN MAR.8, 2019, Attn: Camping Office.

- Please allow 4-6 weeks for processing and notification.
- Please send only one Scout per application. ALL sections must be completed in full.
- Incomplete applications will result in rejection of the application.
- For Special Circumstances contact the **Assistant Scout Executive** and/or the **Program Executive**.

**Section A – General Information:**

Camp Program (**check one**): Boy Scout Camp \_\_\_\_ Cub Scout Camp \_\_\_\_ Birchbark \_\_\_\_ NYLT \_\_\_\_  
 Camp Dates: \_\_\_\_\_ District: \_\_\_\_\_ Pack #: \_\_\_\_\_ Troop #: \_\_\_\_\_ Crew #: \_\_\_\_\_  
 Scout's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Size of family: # Adults \_\_\_\_ # Children \_\_\_\_ Children's Ages: \_\_\_\_\_  
 1) How much assistance are you requesting? \$ \_\_\_\_\_  
 2) How much assistance will you be receiving from your Pack/Troop/Crew? \$ \_\_\_\_\_  
 3) Are there other Scouts in your household going to camp this year (**circle one**)? Yes / No **How many?** \_\_\_\_  
 4) What is your total household yearly gross income? \$ \_\_\_\_\_  
 5) Other Income (i.e. Additional Employment, Welfare, Child Support): \$ \_\_\_\_\_  
 6) Explanation of Need: The explanation greatly influences the amount approved. Please provide as much detail as possible relating to any, and all, extenuating circumstances which affects your need relating to this request, (Feel free to attach additional pages): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section B – Parents'/Guardian's Information - (MUST be completed in full)**

- **Father's** Name: \_\_\_\_ Phone: \_\_\_\_\_  
 Address (Street, City, State, and Zip): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  
 - **Mother's** Name: \_\_\_\_ Phone: \_\_\_\_\_  
 Address (Street, City, State, and Zip): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  
 - **Guardian's** Name: \_ Phone: \_\_\_\_\_  
 Address (Street, City, State, and Zip): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

**I certify that all information contained in this application is true and correct:**

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scouts Name:** \_\_\_\_\_

**Section C – Top Unit Leaders’ endorsement: (A unit leader is a Scoutmaster/Cubmaster/Crew Advisor AND Committee Chairperson --- Two Deep Leadership!).**

- 1) Did the Scout sell popcorn in the Council’s annual Popcorn Sale? (circle one) Yes / No
- 2) Did the Scout participate in other Unit fundraisers? (circle one) Yes / No
- 3) If yes to either of the above questions – how much assistance will the Scout receive? \$ \_\_\_\_\_
- 4) Is this Scout an active member of your unit, rarely missing meetings/activities? (circle one) Yes / No
- 5) Is this the first year that the Scout is attending Summer Camp? (circle one) Yes / No

For your approval, briefly explain why this Scout deserves a campership? (Note: This section **MUST BE COMPLETED** to be considered for a campership award): \_\_\_\_\_

**As unit leader(s), I/we hereby certify that the information contained above is true and correct regarding the circumstances, and to the best of our knowledge, the need reflected is accurate!**

- **Scoutmaster/Cubmaster/Crew Advisor Name:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_  
 - \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 \_\_\_\_\_ eMail Address: \_\_\_\_\_  
 \_\_\_\_\_ Signature

**(Required):** \_\_\_\_\_

- **Committee Chairperson Name:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ -  
 \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 \_\_\_\_\_ eMail Address: \_\_\_\_\_

Signature **(Required):** \_\_\_\_\_

**TWO SIGNATURES REQUIRED!**

**For Council Use Only**

Date Application Received: \_\_ / \_\_ / \_\_\_\_ Total Camp Fee: \$ \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_ Unit contribution: \$ \_\_\_\_\_  
 Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Amount Awarded: \$ \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
 Date Mailed to Parent/Guardian: \_\_\_\_\_ Date Mailed to Unit Leaders: \_\_\_\_\_