

Mail to 2860 Genesee St, Buffalo, NY 14225

(716) 891-4073

DUE IN THE SCOUT OFFICE NO LATER THAN MAR.1, 2020, Attn: Camping Office.

- Please send separate application for each scout. ALL sections must be completed in full.
- Incomplete applications cannot be processed and will result in return of the application.
- For Special Circumstances contact the Assistant Scout Executive and/or the Program Director.

Section A – General Information:

Camp Program (check one): ___ Day Camp-\$125; ___ Cub Scout Camp-\$275.00; ___ Scouts BSA Camp-\$355.00;
 ___ Birchbark-\$425.00-\$450.00: ___ NYLT-\$ 345.00

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

Scout's Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Family size: Adults _____ Children _____ Number of siblings going to Scout Camp: _____

1) How much assistance will you be receiving from your Pack/Troop/Crew for summer camp: \$ _____

2) What are the household's yearly wages? \$ _____

3) Other Income (e.g.: dividends, other employment, public assistance, child support, etc.): \$ _____

4) Total Household Income? \$ _____

5) How much assistance are you requesting? \$ _____ (dollar amount)

6) Explanation of Need: The explanation greatly influences the amount approved. Please provide as much detail as possible relating to any extenuating circumstances which affects your need. (attach additional page if needed)

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 – Unit Leaders’ endorsement: (A unit leader is a Scoutmaster/Cubmaster/Crew Advisor AND Committee Chairperson --- Two Deep Leadership). (Leaders cannot endorse their sons/daughters – Get another leader to sign)

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

For your approval, briefly explain why this Scout needs to attend Summer Camp? (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! TWO SIGNATURES REQUIRED!

1) Scoutmaster/Cubmaster/Crew Advisor Name: _____ Phone: (____) ____ - ____

Address: _____ City: _____ State: ____ Zip Code: ____

E-Mail Address: _____ Signature (Required): _____

2) Committee Chairperson Name: _____ Phone: (____) ____ - ____

Address: _____ City: _____ State: ____ Zip Code: ____

E-Mail Address: _____ Signature (Required): _____

For Council use only:

Date Application Received: ___ / ___ / ___ Total Camp Fee: \$ _____

Unit contribution: \$ _____ Amount Requested: \$ _____

Rejected: _____ Further Review Required: _____

Approved: _____ Amount Awarded: \$ _____

Reviewed/Facilitator: _____ Date Reviewed: _____

Date Mailed to Unit Leaders: ___ / ___ / ___ Date Mailed to Parent/Guardian: ___ / ___ / ___

