## **CAMPERSHIP ASSISTANCE APPLICATION**

Purpose: To make participation available to deserving youth who would otherwise be unable to attend camp. In administering funds, great care must be exercised in order that only those youth who need and deserve financial assistance shall be aided, and that the details shall be handled in such a way as to cause no embarrassment to the youth or his family. All youth who receive camperships will be required to earn or provide part of the fee, in keeping with the Scout Law-"A Scout is Thrifty"- unless conditions known to the Scout leader are such that this is impossible.

Applications must be returned to the Scout office as soon as possible, but no later than April 30th. An applicant has a better chance of receiving a campership if his application is receive at the Scout office earlier, as money is limited. Under normal conditions, the campership approved is 50% of the total fee. If there are unusual circumstances, the Campership Committee will consider a larger portion of the fee. Applications received after May 8th will be expected to pay 50% of the camp fee, as funds will be limited if deadlines are not met. The committee will make every effort to give at least two weeks notice (prior to the start of the event) to applicants who have submitted requests on or before the April 30<sup>th</sup> deadline.

A deposit of \$10.00 needs to be paid when the application is turned in at the Scout office. The balance is due upon notice of award amount. Date of Activity: Cub Resident Camp \_\_\_\_ Type of Activity: Summer Camp Junior Leader Training Cub Day Camp\_\_\_\_\_ Webelos Resident Camp \_\_\_\_\_ Other (specify) \_\_\_\_\_ Applicant Information: Name: \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_ \_\_\_\_\_\_ Email: \_\_\_\_\_\_ Unit # \_\_\_\_\_ District: \_\_\_\_\_ State specific reason for need of campership: Total Fee for Camp: \$\_\_\_\_\_ Am't Paid by Youth: \$\_\_\_\_\_ Am't Paid by Unit: \$\_\_\_\_\_ Am't of Campership Needed \$\_\_\_\_\_ Unit Leader, please indicate your knowledge of the above family's financial situation and their need for assistance. Would this Scout be able to attend camp if they were not given financial assistance? \_\_\_\_\_\_ Date: \_\_\_\_\_ Unit Leader's Signature: NOTE TO PARENTS/UNIT LEADER: The unit leader and the Scout will be notified by letter of the amount of the campership assistance. We request that the youth portion and the unit portion (if applicable) be paid prior to attending the designated camp; otherwise, the campership may be cancelled. NOTE: All applications will be reviewed by the Campership Committee for approval on published meeting dates. FOR OFFICE USE ONLY: Date application received: \_\_\_\_\_ Amount of Deposit: \$\_\_\_\_\_ Receipt #\_\_\_\_\_ Posted to camp/activity by: \_\_\_\_\_ Date: \_\_\_\_\_ COUNCIL ACTION: Amount approved: \$\_\_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Posted to Camp/Activity by: Notice sent to Scout Leader/Youth by:

Date: \_\_\_\_\_