

**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 family.

**Approval and Review Process**

1. Campership applications should be turned in to the Scout office by **April 30, 2022**
2. Campership notifications will be published on **May 12, 2022**

**Date of Activity:** \_\_\_\_\_

**Type of Activity:** Scouts, BSA Summer Camp @ Camp Grimes \_\_\_\_\_  
 Cub Scout Day Camp \_\_\_\_\_  
 Webelos Adventure Camp @ Belk Scout Camp \_\_\_\_\_  
 Winter Camp @ Belk Scout Camp \_\_\_\_\_

**Youth Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Pack#: \_\_\_\_\_ Troop#: \_\_\_\_\_ Crew#: \_\_\_\_\_ District: \_\_\_\_\_

**State specific reason for need of campership:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Fee for Camp:** \$ \_\_\_\_\_  
**Amount Paid by Youth:** \$ \_\_\_\_\_  
**Amount Paid by Unit:** \$ \_\_\_\_\_  
**Amount of Campership Needed** \$ \_\_\_\_\_

Is this scout participating in selling Camp Cards or Trial's End Popcorn? Check one: Yes  No

Would this Scout be able to attend camp if they were not given financial assistance? Check one: Yes  No

Unit Leader Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader's Contact E-mail: \_\_\_\_\_ Cell # \_\_\_\_\_

**NOTE TO PARENTS/UNIT LEADER:** The unit leader and the Scout will be notified by email or phone call of the amount of the campership assistance. We request that the youth portion and the unit portion (if applicable) be paid at least two weeks prior to attending the designated camp; otherwise, the campership will be cancelled.

**NOTE:** All applications will be reviewed by the Campership Committee for approval.

**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_  
 Posted to camp/activity by: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNCIL ACTION:**

Amount approved: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Posted to camp/activity by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emails sent to Scout & Leader by: \_\_\_\_\_ Date: \_\_\_\_\_

**Mecklenburg County Council  
Boy Scouts of America  
Financial Scholarship Application**

**STAFF ONLY:**

Approved By: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

Household Membership Total: \_\_\_\_\_ Annual Household Income: \_\_\_\_\_

**Public Assistance Provided to Youth and/or Family (If Applicable, Please Check):**

<b>Assistance Provided:</b>	<b>Yes</b>	<b>No</b>
Medicaid		
Free / Reduced Lunch		
TANF (Temporary Assistance for Needy Families)		
Other:		

By signing this you acknowledge that all information on this form is correct. If any information is found to be incorrect, you will forfeit your eligibility for consideration for an approved financial scholarship.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you have any additional documents or information you would like for us to consider, please attach with this application.