

**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 for all scouts should be returned to the Scout office by **May 4th. Campership requests for Camp Grimes submitted by April 6th receive priority consideration.** 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 18<sup>th</sup>** will be expected to pay 50% of the camp fee, as funds will be limited if deadlines are not met.

A **deposit of \$10.00** needs to be paid when the application is turned in at the Scout office. The balance is due no later than 14 days prior to the event.

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

**Type of Activity:** Summer Camp \_\_\_\_\_ Junior Leader Training \_\_\_\_\_  
Cub Resident Camp-Wolf/Bear \_\_\_\_\_ Cub Resident Camp-Webelos \_\_\_\_\_  
Cub Day Camp \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Pack#: \_\_\_\_\_ Troop#: \_\_\_\_\_ Post#: \_\_\_\_\_ District: \_\_\_\_\_

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

**Total Fee for Camp:** \$ \_\_\_\_\_ **Unit Leader Certification:**  
**Am't Paid by Youth:** \$ \_\_\_\_\_ Unit Leader, please indicate your knowledge of the above  
**Am't Paid by Unit:** \$ \_\_\_\_\_ family's financial situation and their need for assistance:  
**Am't of Campership Needed** \$ \_\_\_\_\_

Is this scout participating in the Camp Card program? Check one: Yes  No   
Would this Scout be able to attend camp if they were not given financial assistance? \_\_\_\_\_

Unit Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader's Contact: E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**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 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 on published meeting dates.

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**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Amount of Deposit: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Posted to camp/activity by: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNCIL ACTION:**

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