

# APPLICATION FOR ASSISTANCE WITH CAMP FEES

**Dear Parent/Guardian:**

Throughout the year District volunteers solicit funds from various sources to help Scouts who have **aggressively** tried to earn their own way to camp. If your Scout is in need of additional funds, please fill out and sign the application and forward it to your unit leadership by April 1<sup>st</sup>. District Camperships are only good for scouts registered with DWC **and** who attend a DWC Camp or the National Jamboree. All Camperships awarded are based on available funds and financial need. In order for a Campership application to be eligible three conditions **MUST** be met - The scout must raise some amount for his camp experience (popcorn, troop fundraiser, hike-a-thon), The family must contribute towards the camp fees, and The Unit (Pack, Troop, Crew, Team) must also contribute towards the camp fees.

**-PLEASE PRINT LEGIBLY-**

Scout's Full Name \_\_\_\_\_ Pack / Troop / Crew # \_\_\_\_\_  
(circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Total # of Minor children living in home \_\_\_\_\_

Scout will enter grade \_\_\_\_\_ in September. Current Rank \_\_\_\_\_ Number of years in Scouting \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother /Guardian Name \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father /Guardian Name \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

TO HELP US IN APPLYING CAMPSHIP BASE ON NEED, PLEASE **CIRCLE** THE CAMP AND COMPLETE THE INFORMATION REQUESTED BELOW.

Day Camp	Name of district _____	Date _____	
Carpenter (resident camp)	Pack _____ Provo (without a Pack) _____	Date _____	
Hidden Valley	Troop _____ Provo _____ Eagle _____ Voyageur _____	Date _____	
Bell	Troop _____ JLT _____	Date _____	
WMHAB	Program _____	Date _____	

Units **MUST** have this form submitted to the District Camping Chair or District Executive on or Before April 15<sup>th</sup>

Incomplete Forms or forms missing signatures will **NOT** be considered for a Campership

Estimate amount Scout raised if you have not yet done any of the listed fundraisers

**National Jamboree**

Total Cost for all Camp(s) scout is planning on attending	=	+ \$ _____
Total Amount Scout raised (Popcorn Sales - Hike-A-thon - Troop Fundraiser)	=	-\$ _____
Total Amount Family will provide (do not write "0" or Balance)	=	-\$ _____
Total Amount Unit will provide (do not write "0" or Balance)	=	-\$ _____
Total Campership requested	=	= \$ _____

Reason Financial Assistance is needed *(be specific and detailed - use back if needed)* \_\_\_\_\_

➤ WILL YOUTH BE ABLE TO ATTEND CAMP WITHOUT THESE FUNDS (MUST CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_

➤ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

➤ **INSTRUCTIONS FOR THE UNIT LEADERS:**

Please forward this application to your District Camping Chair or District Executive no later than April 15<sup>th</sup>. Campership money will be allocated after the April Roundtable. Families will be notified by mail by May 15<sup>th</sup>.

Please list parent's/guardian's current position(s) held in the BSA (if applicable), time devoted to the Unit or the Scouting program and activity this time was given for (be specific and detailed - use back if needed) \_\_\_\_\_

Cubmaster/Scoutmaster's Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

➤ Cubmaster/Scoutmaster Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair's Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

➤ Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Campership Committee Only	Amount Approved \$ _____
Date Received: _____	Recorded _____ Verified _____