

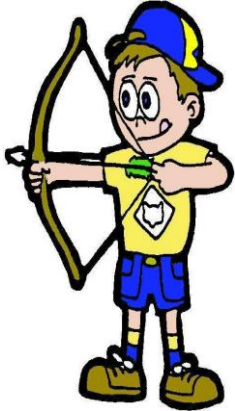


# BADEN-POWELL COUNCIL, BSA



# Campership Application

## Cub Scout Day Camp



Note: Funds available for Camperships covered by this application come from funds restricted for use for **youth members** of the Baden-Powell Council attending Baden-Powell Council camp activities on **Council operated properties** and District Cub Scout Day Camps. Please read all instructions completely and fill in all spaces. Do not include extra paper with this application.

Applicant Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ County: \_\_\_\_\_

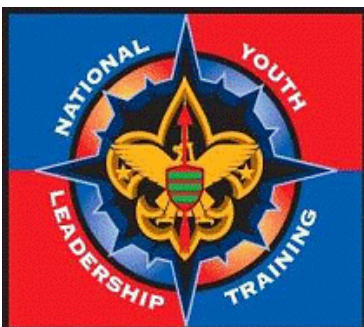
Parents Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**If your child receives Aid to Families with Dependent Children (ADC), Foster Care of Children's Welfare Services, the following information must be supplied:**

**Client Identification Number:** \_\_\_\_\_

Unit #: \_\_\_\_\_  Pack  Troop  Team  Crew

District:  
 Hiawatha  Delahanna  Chenango  Taughannock



*Return completed application no later than March 31, 2013 to:*

Baden-Powell Council  
Boy Scouts of America  
2150 NYS Route 12  
Binghamton, NY 13901

Campership Questions: (607) 648-7888 Fax: (607) 648-7895

## GENERAL INFORMATION

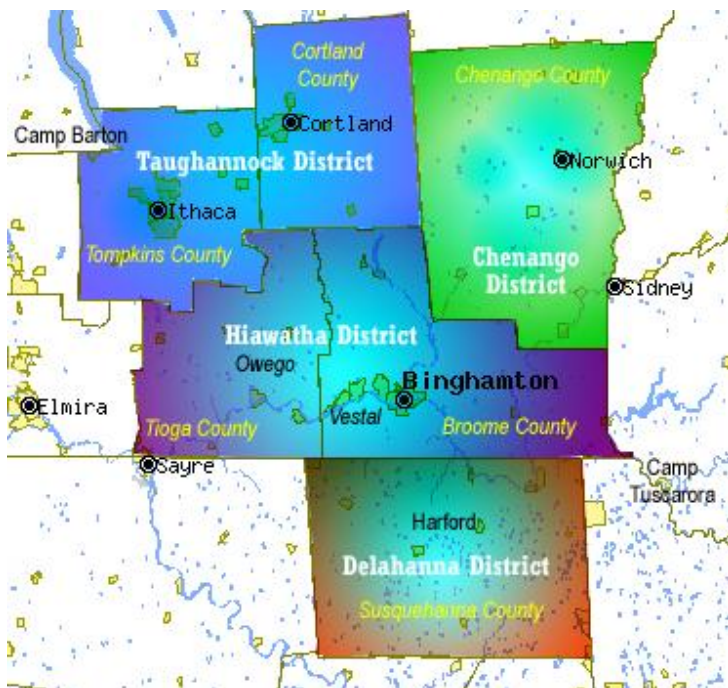
The Council Camping Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom this request is made.

Generally, camperships are limited to no more than 50% of the activity cost. Each Scout, his family, or his unit should provide a minimum of 50% of the activity cost.

Camperships are not transferable, refundable and have no cash value.

Applications must be submitted no later than March 31, 2013. Applications received after April 1<sup>st</sup> will be reviewed but may not be granted due to limited funds.

**All information in this application will be treated confidentially.**



## INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

### CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay his own way. The Council Camping Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character building opportunity for the scout to learn the importance of being THRIFTY.

### FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the child to attend camp.

### UNIT ENDORSEMENT

This area is extremely valuable to the Council Camping Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's participation in the unit fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

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In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

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Applicant's Name \_\_\_\_\_

**Please Type or Print**

***Please check camp attending:***

- Barton Boy Scout Camp       Tuscarora Boy Scout Camp      Cub Resident Camp at \_\_\_\_\_
- Cub Scout Day Camp - Location: \_\_\_\_\_       Other (Specify) \_\_\_\_\_

***Date of Camp (Session):***

**CAMPERSHIP REQUEST**

<b>Cost of Camp:</b>	\$ _____
<b>Less Cost Provided by the Family:</b>	- _____
<b>Less Cost Provided by the Unit:</b>	- _____
<b>Less Cost Provided by the Chartered Partner:</b>	- _____
<b>Net Campership Request:</b>	\$ _____

***Briefly, explain what the Scout has done to earn a portion of his camp fee. Include Council, unit and individual fund raising activities.***

- Popcorn Sales Year(s): \_\_\_\_\_       FOS Donation Year(s): \_\_\_\_\_

**FAMILY INFORMATION**

***This section must be completed by the Scout's family. Briefly, describe the circumstances that require campership assistance for the Scout to attend camp. (i.e. number of adults in family, medical issues, etc.)***

***Total yearly net household income:***

- Under \$17,000       \$17,000 to \$23,000       \$23,000 to \$29,000
- \$29,000 to \$34,000       \$34,000 to \$40,000       \$40,000 to \$47,000
- \$47,000 to \$52,000       \$52,000 to \$60,000       Over \$60,000, list \$ \_\_\_\_\_

Name and Age of Other Children in the home: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

*In most cases camperships are not granted to those families who have an income over \$60,000.*

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

Applicant's Name \_\_\_\_\_

**UNIT ENDORSEMENT**

*Please provide as much information as possible to assist the Council Camping Committee in evaluating this application.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit Leader Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Unit Leader) (Registered Position)

Is this Scout a newly registered youth?  Yes - Date Registered \_\_\_\_\_  No

**Registered youth members** who cannot pay the full cost of attending council Scouting events may apply for limited financial assistance (campership). This fund assists deserving youth members to attend local council events with a percentage of the cost based on need, but is not intended to provide the full fee. Families, units and/or the chartered partner are expected to provide a substantial portion of the fee. **Campership is aid for only ONE camping experience.**

Applicants for camperships **MUST** be a currently registered member of the Baden-Powell Council, BSA. Applications for unregistered persons and applications without proper signatures will be returned to the Unit Committee Chairman.



**FOR COUNCIL USE ONLY:**

**Date Stamp**

Approved  Disapproved-Reason \_\_\_\_\_

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

Empty rectangular box for Date Stamp.