

2024 Campership Application

The purpose of the council campership program is to make camping programs accessible to deserving Scouts who could not otherwise afford attendance fees. This program is not intended to provide all the camp fees but only to supplement. Paying a Scout's way to camp is a joint effort of the unit, the Scout, their family, and the campership program. All details of the application are confidential.

Only completed forms will be accepted.

This application MUST be signed by the Parent / Guardian & Unit Leader of the Scout requesting the campership.

Applicant Name:			Parent's Name:		
Street Addr	ress:				
City, State, Zip: County: County:					
Unit #:	Pack 🗆	Troop □	Crew □	Ship □	
District: Cl	henango □	Delahanna □	Hiawatha	☐ Taugh	annock 🗆
Camp Requ	uesting Campersh	ip for:			
		Only Select O	ne per Applio	cation	
	☐ Scouts BSA Resident Camp Week-Long				\$600
	☐ Cub Resident Camp Weekend Session (3 days/2 nights)				\$220
☐ Cub Resident Camp Week-Long Session (4 days/5 nights)					\$325
☐ Cub Scout Day Camp					\$175
☐ National Youth Leadership Training (NYLT)					\$325
CAMPERSHIP REQU	JEST:				
Total Amount of Camp (from above):					_
Less Amount Provided by the Family:					_
Less Amount Provided by the Unit:					_
Less Amount Provided by the Chartered Partner:					_
	Net	Campership Request:	\$		_
(Day Camp Only) Is a parent or guardian going to serve on Sta				☐ YES	□ NO
Did the Scout participate in Popcorn Sales in 2022 or 2023?				☐ YES	□ NO
Did the family support Friends of Scouting (FOS) in 2022 or 2023				☐ YES	□ NO
Total number in household? How many under 18?				How many in fa	mily attend our Camps?
Total yearly net hou	usehold income: (In most cases camperships	are not granted	d to those families w	ho have an income over \$60,000.)
□ Under \$17,000	der \$17,000 🗆 \$29,000 to \$34,00			□ \$47,000 to \$52,000	
□ \$17,000 to \$23,0	17,000 to \$23,000			□ \$52,000 to \$60,000	
□ \$23,000 to \$29,0	\$23,000 to \$29,000			□ > \$60,000, list \$	

Return completed application no later than April 1, 2024, to:

Baden-Powell Council, BSA 2150 NYS Route 12 Binghamton, NY 13901

Campership Questions: (607) 648-7888

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.) Parents Signature: ______ Date: _____ **UNIT ENDORSEMENT:** Please provide as much information as possible to assist the Council Camping Committee in evaluating this application, including fundraising activities. Unit Leader Signature: ______ Date: _____ Unit Leader Name: _____ Home Phone: Mobile Phone: **GENERAL INFORMATION AND INSTRUCTIONS:** 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. 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 40-50% of the activity cost. Each Scout, their family, and/or their 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 April 1, 2024. Applications received after April 1st will be reviewed but may not be granted due to limited funds. All information in this application will be treated confidentially. The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay their own way. The Council Camping Committee is very interested in what the Scout has done to assist their family in providing them with this camping experience. This is a character-building opportunity for the scout to learn the importance of being THRIFTY. <u>Unit Endorsement</u> 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. FOR COUNCIL USE ONLY: □ Approved □ Disapproved / Reason

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Amount: _____ Date: ____