

2012 SCOUT CAMP CAMBERSHIP APPLICATION

DUE NO LATER THAN MONDAY, MAY 2, 2012

All information requested on this application will be kept strictly confidential. Applications must be filled in completely with all requested information in order to be considered or they will be returned.

SECTION A (TO BE COMPLETED BY PARENT)

Camper's Name _____ Pack/Troop/Crew Number _____
Address _____ City _____ St _____ Zip _____
Father's Name _____ Phone _____ Occupation: _____
Mother's Name _____ Phone _____ Occupation _____
and age of siblings _____
Any going to camp? _____ If so, where? _____
Camp planning to attend _____ Dates _____
Total Camp Fee: \$ _____ (Do not add the late fee on to the camp fee amount)
Camper Can Pay: \$ _____ Family Can Pay: \$ _____
Unit Can Pay: \$ _____ Charter Organization Can Pay: \$ _____
Amount of Campership Requested: \$ _____
Are you on any type of public assistance? _____

Parent's Signature _____

SECTION B (TO BE COMPLETED BY YOUTH)

Check one: Cub Scout _____ Boy Scout _____ Venturer _____
Rank in Scouting _____ Dates you are Attending Camp _____
Did you earn money to help pay for summer camp? Yes _____ No _____
How did you earn the money? _____
What activities are you involved in? _____
Why do you want to attend summer camp? _____

Have you attended this camp before? Yes _____ No _____ How many years? _____
Are you active in Scouting all year long? Yes _____ No _____

The PARENTS and LEADER must also complete the reverse side of this application explaining why a campership is needed.

SECTION C (TO BE COMPLETED BY PARENTS)

Why is this campership needed? Please give as much information as possible as to the specific details of the hardship that makes this request for a campership necessary this year.

SECTION D (TO BE COMPLETED BY UNIT LEADER)

Does your unit use a savings plan? Yes _____ No _____

Did your unit have fund raising to help youth go to camp? Yes _____ No _____

Did this applicant participate? Yes _____ No _____

Does your unit participate in Friends of Scouting (FOS)? Yes _____ No _____

Does your unit participate in the annual Trail's End Popcorn Sale? Yes _____ No _____

GIVE REASONS WHY CAMPERSHIP IS NEEDED. PLEASE BE SPECIFIC WHAT THE HARDSHIP IS.

Unit Leader's Name (Printed) _____ Position _____

Unit Leader's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

ALL CAMPERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN MONDAY, MAY 2, 2012 BY 4:30 pm AT THE CENTER FOR SCOUTING. LATE APPLICATIONS CANNOT BE CONSIDERED.

Send to: Green Mountain Council, BSA
P.O. Box 557
Waterbury, VT 05676

Date Received _____ Amount of Campership _____ Date _____

Reviewed by _____ Date Mailed to Unit Leader _____