

Application for Assistance with Camp Fees (Campership Application)

Dear Parent/Guardian: District and Council volunteers solicit funds from various sources to help Scouts who have aggressively tried to earn their own way to camp. If your child is in need of additional funds, please fill out and sign the application and **forward it to your unit leadership by April 1st**. The unit leader is then asked to complete and sign the application and forward it to the Daniel Webster Council. Please note that the youth must raise some amount for his/her camp experience, while the family and unit should also contribute before the youth is eligible for consideration of a campership. All camperships are awarded based on need.

PLEASE NOTE: Incomplete or late applications will not be considered.

Youth's Full Name: _____ Pack/Troop/Crew _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Youth will enter grade _____ in September. Youth's current rank is: _____ Number of years in Scouting: _____

Parent/Guardian Name: _____ Home Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

To help in applying the campership, please indicate the camp/program and provide the dates attending:

Camp/Program	Dates Attending
<input type="checkbox"/> Cub Scout Day Camps	
<input type="checkbox"/> Camp Carpenter <input type="checkbox"/> With Pack (Chartered) <input type="checkbox"/> Individual (Provisional) <input type="checkbox"/> Akela Camp	
<input type="checkbox"/> Hidden Valley Scout Camp <input type="checkbox"/> With Troop (Chartered) <input type="checkbox"/> Individual (Provisional)	
<input type="checkbox"/> Valley Voyageur/Spoke <input type="checkbox"/> Venture Week	
<input type="checkbox"/> Camp Bell <input type="checkbox"/> National Youth Leadership Training (NYLT)	

COST FOR CAMP = (A) \$ _____ (Tier 1 Cost)

Amount youth raised in popcorn sales (net) = \$ _____

Amount youth raised in Hike-A-Thon pledges (net) = \$ _____

Amount Family will provide = \$ _____

Amount Unit will provide = \$ _____

Amount from other funds = \$ _____

TOTAL FUNDS FROM ABOVE = (B) \$ _____

TOTAL CAMBERSHIP REQUESTED = (A-B) \$ _____
(Amount cannot exceed half the cost of camp)

Our family pledged an amount to the Friends of Scouting (FOS) campaign.

Scouts must submit to unit leader by April 1st.
 Please estimate income (if any) from Hike-A-Thon.

Please indicate why financial assistance is needed (continue on back and use additional paper if necessary)

Parent/Guardian Signature: _____ Date: _____

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Instructions for the Unit Leaders:

Please forward this application directly to the **Daniel Webster Council, 571 Holt Avenue, Manchester, NH 03109** no later than April 15th. The parent/guardian of the youth listed on this application will be notified by mail of the amount of the campership by May 10th (unit leaders will receive notification as well). Included with the youth's notification will be a "Campership Coupon" that must be turned into Daniel Webster Council Camping Services in order for the youth's camp account to be credited. If the request is denied, or the amount of the campership is less than requested, the applicant will have until the unit's/youth's camp date to pay the balance of the fees without penalty. The applicant will not be charged the late fee, regardless of whether the grant is denied or the amount is less than requested.

Comments from Unit Leader/Committee Chair:

Unit Leader Signature: _____ Date: _____ Phone: _____

Unit Committee Chair Signature: _____ Date: _____ Phone: _____

FOR DISTRICT USE ONLY:

Reviewed: _____ Approved: _____ Recorded: _____

Comments: