

# Campership Application

Return completed application no later than March 31st to:

Western Colorado Council: Camping Department, 839 Grand Ave, Grand Junction, CO 81501

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Funds available for Camperships covered by this application come from funds restricted for use for *youth members* of the Western Colorado Council attending Western Colorado Council camp activities on *Council operated properties* and District Cub Scout Camps. Please read all instructions completely and fill in all spaces. If the space provided is not adequate, please provide additional information on an attached separate paper.

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

Camperships are limited to no more than 50% of the activity cost. Each Scout, his family, or his unit must 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 31st.

All information in this application will be treated confidentially.

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.

Please read all instructions completely and fill in all spaces. If the space provided is not adequate, please provide additional information on an attached separate 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 Campership 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 Campership 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 attendance at meetings, overnight camping, advancement efforts, citizenship, family support to the unit, Scout spirit, and participation in Council 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.

Please include the number of registered youth and number of youth attending camp. This is helpful to the committee in evaluating multiple applications from the same unit.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Camp Week/Session: \_\_\_\_\_ Popcorn Sales Year(s): \_\_\_\_\_  N/A

### CAMPERSHIP REQUEST

Cost of Camp: \$ \_\_\_\_\_

Less Cost Provided by the Family: - \_\_\_\_\_

Less Cost Provided by the Unit: - \_\_\_\_\_

Net Campership Request: \$ \_\_\_\_\_

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

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### FAMILY INFORMATION

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

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Parent/Guardian Signature: \_\_\_\_\_

### UNIT ENDORSEMENT

# of registered youth \_\_\_\_\_ # attending camp \_\_\_\_\_

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

Unit Leader Signature: \_\_\_\_\_

### DISTRICT ENDORSEMENT

District Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR COUNCIL USE ONLY:

Date: \_\_\_\_\_  Approved  Disapproved Amount \$ \_\_\_\_\_ Certificate # \_\_\_\_\_

Signature: \_\_\_\_\_

Debit Account 1- \_\_\_\_\_ - \_\_\_\_\_ -21 Credit Account 1-6801- \_\_\_\_\_ -21