**MECKLENBURG COUNTY COUNCIL** **BOY SCOUTS OF AMERICA**

# CAMPERSHIP ASSISTANCE APPLICATION

**Purpose:** To make participation available to deserving youth who would otherwise be unable to attend camp. In administering funds, great care must be exercised in order that only those youth who **need** and **deserve** financial assistance shall be aided, and that the details shall be handled in such a way as to cause no embarrassment to the youth or his family. All youth who receive camperships will be required to earn or provide part of the fee, in keeping with the Scout Law-"A Scout is Thrifty"-unless conditions known to the Scout leader are such that this is impossible.

Applications must be returned to the Scout office as soon as possible, but no later than April 11th. An applicant has a better chance of receiving a campership if his application is received at the Scout office earlier, as money is limited. Under normal conditions, the campership approved is 50% of the total fee. If there are unusual circumstances, the Campership Committee will consider a larger portion of the fee. Applications received after May 8th will be expected to pay 50% of the camp fee, as funds will be limited if deadlines are not met.

A **deposit of $10.00** needs to be paid when the application is turned in at the Scout office. The balance is due no later than 14 days prior to the event.

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**Date of Activity:** _____

**Type of Activity:**
Summer Camp_____ Junior Leader Training_____
Cub Resident Camp-Wolf/Bear_____ Cub Resident Camp-Webelos_____
Cub Day Camp_____

**Applicant Information:**
Name: _____Phone:_____
Address:_____
City:_____State:_____Zip Code:_____
Pack#:_____Troop#:_____Post#:_____District:_____
**State specific reason for need of campership:**_____
_____
_____

**Total Fee for Camp:** **$**_____
**Am't Paid by Youth:** **$**_____
**Am't Paid by Unit:** $_____
**Am't of Campership Needed** $_____

**Unit Leader Certification:**
Unit Leader, please indicate your knowledge of the above family's financial situation and their need for assistance:
_____
_____
_____

Would this Scout be able to attend camp if they were not given financial assistance?_____
Unit Leader's Signature:_____Date:_____

**NOTE TO PARENTS/UNIT LEADER:** The unit leader and the Scout will be notified by letter of the amount of the campership assistance. We request that the youth portion and the unit portion (if applicable) be paid two weeks prior to attending the designated camp; otherwise, the campership will be cancelled.

**NOTE:** All applications will be reviewed by the Campership Committee for approval on published meeting dates.

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**FOR OFFICE USE ONLY:**

Date application received: _____Amount of Deposit: $_____Receipt #: _____
Posted to camp/activity by: _____Date: _____

**COUNCIL ACTION:**
Amount approved: $_____Approved by: _____
Posted to camp/activity by:_____Date:_____
Letters sent to Scout/Leader by:_____Date:_____