



CAMPERSHIP APPLICATION

GENERAL INFORMATION

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 not transferable or refundable and have no cash value. Applications must be submitted no later than March 31st.

All information in this application will be treated confidentially.

Note: Funds available for camperships covered by this application come from funds restricted for youth members of the Golden Empire Council attending golden empire 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.

FAMILY CONTACT INFORMATION

Name of Scout:	Unit Type:	Unit #:
Please circle camp attending:	Lassen/Winton/District Cub Camp	
Date of Camp	Week/Session:	
1st Parent/Guardian		
Street Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	
2nd Parent/Guardian		
Street Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	

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 allowed.

The ninth part of the scout law is "A Scout is THRIFTY." A Scout works to pay their own way. The Council Campership Committee is very interested in what the scout has done to assist their family in providing them with this camping ex-

Funds from Popcorn Sales	\$ _____	Funds provided by Unit	\$ _____
Funds from Camp Card Sales	\$ _____	Funds Provided by Charter Org	\$ _____
Youth Unit Savings Plan	\$ _____	Funds provided by the family	\$ _____
Total provided from above \$ _____			

Requested funds from Golden Empire Council (up to 50%) \$ _____



FAMILY COMMENTS

This Section must be completed by the Scout's family. Briefly describe the circumstances that require Campership assistance for the Scout to attend camp.

Name: _____ Signature: _____ Date: _____

Unit Endorsement

This Section must be completed by the Scout's unit leader. Briefly describe the circumstances that require campership assistance for the scout to attend camp. Information should be provided in this area as to the scouts attendance at meetings, overnight camping, advancement efforts, citizenship, family support to the unit, scout spirit, and participation in council fund raising activities like popcorn sales and camp cards. In many cases the unit will be aware of the financial need of the scout. Confirmation of this factor or further explanation is helpful

Leader Name: _____ Phone Number: _____

Position: _____ Email Address: _____

Name: _____ Signature: _____ Date: _____

DISTRICT EXECUTIVE ENDORSEMENT	FOR COUNCIL USE
_____ Approved _____ Disapproved	_____ Approved _____ Disapproved Amount \$ _____
Signature: _____ Date: _____	Signature: _____ Date: _____

