

Scoutreach CAMPERSHIP Request

(This request is to be completed by the unit leader and should be sent to the Council Service (campership funds are limited, it is advisable to submit the application without delay.)

Pack/Troop/Crew # _____

District (circle one) Northern Lights Onatah River Trails

Chartered Partner Organization: _____

Name of Youth: _____

Street Address: _____

City/Town: _____ State: _____ ZIP: _____

Is this person a "first-year registered youth?" (circle one) Yes No

Camp/Activity _____

Please describe why you feel this youth should be considered for a campership:

Use reverse side for more information.

Other Information (Check any that apply):

Family Illness _____ Medical Expenses _____ Parent Unemployed _____
Single-parent Family _____ Low-income Family _____ Recent Refugee Family _____

Degree of Self-Help and Other Assistance

(Every Scout should pay or earn some amount toward his camping fee. Every troop/pack/crew should try to help give its members the camping experience.)

1. Has the Scout had a campership previously? _____ If so, what years? _____
2. How much will the Chartered Partner Organization contribute? (Not required) _____
3. How much will the troop/pack/crew contribute (Not required) _____
4. How much has the youth earned toward his fee (Council fundraiser) _____
5. What is the estimated amount the youth's family can contribute? _____
6. Number (including adults) in family? _____
7. Number of Scouts in family going to camp? _____
8. Based on the above facts, how much support are you requesting for this Scout? _____

*****If awarded, a notification will be sent to the unit leader who is responsible for informing the Scout.*****

Note: Applications are to be submitted by the unit leader on behalf of the needy Scout.

This application was completed by (Please Print or Type):

Unit Leader: _____ Email address: _____

Street Address: _____

City/Town: _____ State _____ ZIP _____

Phone # _____

Unit Leader Signature _____