

Activity: (Circle One) **Cub Scout Day Camp**

**Cub Adventure Camp**

**NYLT**

**Webelos Adventure Camp**

**Camp Buffalo Summer Camp**

**Other** \_\_\_\_\_

Unit Number: \_\_\_\_\_

<b>DISTRICT:</b>	<input type="checkbox"/> <b>North Star</b>	<input type="checkbox"/> <b>Wabash Valley</b>	<input type="checkbox"/> <b>Peshewa</b>
------------------	--	---	---

The campership program is to help an individual member attend Camp Buffalo Summer Camp, Cub Scout Day Camp, Cub and Webelos Resident Camp and other Sagamore Council sponsored activities after all other sources of funding are exhausted. *It is expected that each person pay part of the fee.*

**DIRECTIONS:**

1. **SUBMIT ONE FORM PER FAMILY.**
2. Indicate dollar amounts in each column.
3. Explanation of need must be completed in detail.
4. Parent or guardian **AND** unit representative must sign application.
5. Submit completed & signed applications to the Sagamore Council Service Center by April 30th. After the 30th deadline all campership will be approved and a letter with the campership approval amount will be sent to Scout and the Unit Representative.

**Signature of parent or guardian**

X \_\_\_\_\_

Name of Scout	Activity	Council Camp Fee	Amt. Family can pay	Amt. Unit can pay	Amt. Scout can pay	Amt. Other can pay	Campership Requested	(office use only) Amount Approved
1. _____								
2. _____								
3. _____								
Example: Joe Smith	Cub Resident Camp	See Attached	\$ Amt.	\$ Amt.	\$ Amt.	\$ Amt.	Difference	

- Does your unit participate in Council annual popcorn sale? **Yes No**. If yes, did the above Scout sell? **Yes No**
- Has the Scout participated in any other unit fundraisers? **Yes No**. How much is applied to camp fees? \_\_\_\_\_.

<b><u>HOUSEHOLD INCOME:</u> (Please indicate one)</b>	<b>Number of family members residing in house</b> _____
<input type="checkbox"/> Under \$20,000 <input type="checkbox"/> Between \$20,000-\$30,000 <input type="checkbox"/> Between \$30,000 - \$40,000 <input type="checkbox"/> Between \$40,000 - \$50,000 <input type="checkbox"/> Over \$50,000	

**EXPLANATION OF NEED – This explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages.**

---



---



---

**Parents or Guardian Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

<b><u>ENDORSEMENT:</u></b>	
Unit Representative's Name _____	Position: _____
Address: _____	City _____ State _____ Zip _____
Phone #: _____	Date: _____

**CAMPERSHIP COMMITTEE APPROVAL:** \_\_\_\_\_