SAGAMORE COUNCIL **CAMPERSHIP APPLICATION** **BOY SCOUTS OF AMERICA**

Activity: (Circle One) **Cub Scout Day Camp** **Cub Adventure Camp** **NYLT**
Webelos Adventure Camp **Camp Buffalo Summer Camp** **Other**_____

Unit Number: _____

DISTRICT: ☐ **Big One** ☐ **Chief Logan** ☐ **Tecumseh** ☐ **Meshingomesia** ☐ **Arrowhead**

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? _____.

HOUSEHOLD INCOME: (Please indicate one) **Number of family members residing in house** _____
_____ Under $20,000 _____ Between $20,000-$30,000 _____ Between $30,000 - $40,000 _____ Between $40,000 - $50,000 _____ 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** _____

ENDORSEMENT:
Unit Representative's Name _____ Position: _____

Address: _____ City_____ State _____ Zip _____

Phone #: _____ Date: _____

CAMPERSHIP COMMITTEE APPROVAL: _____