

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 family.

Approval and Review Process

1. Campership applications should be turned in to the Scout office by **April 30, 2022**
2. Campership notifications will be published on **May 12, 2022**

Date of Activity: _____

Type of Activity: Scouts, BSA Summer Camp @ Camp Grimes _____
 Cub Scout Day Camp _____
 Webelos Adventure Camp @ Belk Scout Camp _____
 Winter Camp @ Belk Scout Camp _____

Youth Applicant Information:

Name: _____ Phone: _____ School Attending: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Pack#: _____ Troop#: _____ Crew#: _____ District: _____

State specific reason for need of campership: _____

Total Fee for Camp: \$ _____
Amount Paid by Youth: \$ _____
Amount Paid by Unit: \$ _____
Amount of Campership Needed \$ _____

Is this scout participating in selling Camp Cards or Trial's End Popcorn? Check one: Yes No

Would this Scout be able to attend camp if they were not given financial assistance? Check one: Yes No

Unit Leader Signature Approval: _____ Date: _____

Unit Leader's Contact E-mail: _____ Cell # _____

NOTE TO PARENTS/UNIT LEADER: The unit leader and the Scout will be notified by email or phone call of the amount of the campership assistance. We request that the youth portion and the unit portion (if applicable) be paid at least 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.

FOR OFFICE USE ONLY:

Date application received: _____ Amount of Request: \$ _____
 Posted to camp/activity by: _____ Date: _____

COUNCIL ACTION:

Amount approved: \$ _____ Approved by: _____
 Posted to camp/activity by: _____ Date: _____
 Emails sent to Scout & Leader by: _____ Date: _____

**Mecklenburg County Council
 Boy Scouts of America
 Financial Scholarship Application**

STAFF ONLY:

Approved By: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

County: _____

Household Membership Total: _____ Annual Household Income: _____

Public Assistance Provided to Youth and/or Family (If Applicable, Please Check):

Assistance Provided:	Yes	No
Medicaid		
Free / Reduced Lunch		
TANF (Temporary Assistance for Needy Families)		
Other:		

By signing this you acknowledge that all information on this form is correct. If any information is found to be incorrect, you will forfeit your eligibility for consideration for an approved financial scholarship.

Parent Signature: _____ Date: _____

*If you have any additional documents or information you would like for us to consider, please attach with this application.