Campership Application Form

Pack/Troop/Crew Number:		
Camp for Which You are Applying	g (Camp Name and Location):	
Name of Scout:		Rank:
Name of Parent/Guardian:		Relationship:
Address:		
		Zip:
Home Phone Number:	Work:	:
Chartering/Sponsoring Organizati	on	
Extenuating Circumstances		
ALL OF THE FOLLOWING	G FIELDS ARE REQUIRED TO	BE CONSIDERED FOR A CAMPERSHI
(See Next Page for \$ Chart)		
(See Ivent I ago 101 & Chare,		
Amount Requested (most wil	ll be ½ or less)	\$
Number of Family Members	Living In Household	
_		
Gross Annual Family Income	e	\$
C'		Dodo.
Signature of Parend Guardia	n:	Date:
Signature of Parent/Guardia	n:	Date:
·	Council Camping Committed within Two	ee for Review and Consideration O Weeks of Camp.
	M TIAR NO ALVANDA	7 Trous or Charge
For office use only: Date Received:	Reviewed by CCC:	Approved:NOYES \$
Scout Notified:		
beautionica.		

GOLDEN SPREAD COUNCIL, BSA 2006 SLIDING SCALE FOR ALL COUNCIL FINANCIAL ASSISTANCE

GROSS ANNUAL HOUSEHOLD INCOME	NUMBER OF PEOPLE IN HOUSEHOLD (number represents percent of scholarship)								
	1	2	3	4	5	6	7	8	
\$15,260		50%							
\$18,400		40% 50)%						
\$21,540		35% 40)% 5	50%					
\$24,680		30% 35	5% ²	40%	50%				
\$27,820		25% 30	% 3	35%	40%	50%			
\$30,960		20% 25	5% S	30%	35%	40%	50%		

- 1. Families with gross annual household income of \$23,850 or less will receive a 50% scholarship.
- 2. Proof of income must be furnished. Valid documentation can be recent tax return, payroll check or stub, or a letter from employer verifying salary.
- 3. Extenuating circumstances may warrant adjustment, i.e. extra medical expenses, children raised by relatives on fixed incomes, temporary unemployment, or other family emergencies. Adjustments will be made by Council Board appointed representatives.
- 4. Family income limits based on figures established by the Department of Housing and Urban Development for the Amarillo Metropolitan Statistical Area. (80% of the year 2000 Median Family Income -\$43,000)