Golden Spread Council Boy Scouts of America

Campership Application Form

Camp Name and Location				
Name of Scout	Rank			
Name of Parent/Guardian		Relationship		
Address				
City	State	Zip		
Home Phone #	Other Phone #			
Unit's Chartering/Sponsoring Organization				
Extenuating Circumstances				
The following fields are required to be considered for	or a campership. (Se	ee next page for \$ chart)		
Number of Family Members Living In Househo	old	, 		
Gross Annual Family Income		\$		
Family Contibution				
y		\$		
Unit (Pack, Troop, Crew) Contribution		\$ \$		
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Unit (Pack, Troop, Crew) Contribution Amount Requested (most will be ½ or less)		\$ \$		
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Unit (Pack, Troop, Crew) Contribution Amount Requested (most will be ½ or less) Signature of Parent/Guardian Please submit to council campi		\$ \$ Date Date view and consideration.		
Unit (Pack, Troop, Crew) Contribution Amount Requested (most will be ½ or less) Signature of Parent/Guardian Please submit to council campi	ing committee for re	\$ \$ Date Date view and consideration.		
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If you have questions, please contact the Council Service Center @ 806-358-6500.

Return form to: Council Camping Committee

Golden Spread Council 401 Tascosa Road Amarillo, Texas 79124

2010 Sliding Scale for all Council Financial Assistance

Gross Annual Household	Number of people in household (number represents percent of scholarship)						
Income	2	3	4	5	6	7 +	
\$26,955	50%						
\$33,874	40%	50%					
\$40,793	35%	40%	50%				
\$47,712	30%	35%	40%	50%			
\$54,631	25%	30%	35%	40%	50%		
\$61,550	20%	25%	30%	35%	40%	50%	

General Guidlines

- 1. Families with gross annual household income of \$26,955 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 TEXCAP Income Eligibility Guidelines, July 1, 2009-June 30, 2010.