Campership Assistance Request



Camping Is one of the methods of delivering the Scouting Program. The Golden Spread Council wants

to make sure every Scout has an opportunity to have a mountain top experience at camp. Please be aware that additional assistance is usually available through the Scout's Unit and Chartered Organization and that these resources should be asked for before applying for a campership. All Scouts who receive campership aid should earn or provide part of their fee, in helping with "A Scout is Thrifty". After completing the Assistance Request, submit it to the Council where it will be reviewed. If approved, the Scout family will be provided up to 50 percent of the cost of camp (subject to availability and budget). **Please do not register for a camp or activity until the campership has been approved.** *You may only receive assistance for one camp/activity per year.* Once you submit this form please allow 2 weeks for approval. You will receive a call from a staff member of the Golden Spread Council once approved. Funds for Camperships are generated from the annual Trails End popcorn sale, Camp Card sale, Family Friends of Scouting, and through the generosity of the local Foundations.

Please fill this form out completely.

Scout's Name:	Scout's Rank:		
Scout is a Member of: (circle) Pack Troop Crew Post	Ship Number: _		
Family Contact Person:	_Contact Phone:	Email:	
Scouting Background			
When did this Scout earn their last rank advancement?		_What Rank?	
Did this Scout attend camp the previous summer? (If so,	which one (Cub Scout Da	y, Cub Scout Resia	lent, Boy Scout Resident etc)
Did this Scout participate in the recent Popcorn Sale Fun	draiser?Did this Scc	out participate in t	he recent Camp Card Fundraiser?
Did this <u>unit</u> participate in the most recent Friends of Sco	outing Campaign?		
Are other family members (youth) registered in Scouting	? If so, list names/ages_		
Has this Scout received a campership in the past? If so,	when		
Camp/Activity Applying for Information (check on	<u>e)</u>		
()Cub Scout ()Boy Scout ()NYLT ()Powderho	orn () Wood Badge		
Please indicate camp type (Day, Resident, Summer, etc.))		
Camp/Activity Date: Assistance Needs		Approval Section	
		Registrar	
Total Annual Household Income (from all sources):\$		Scout is Registered () Yes () No	
Total household members:		Registrar Signature_	Date:
Does the family receive free or reduced price school med	als? YesNo	Council Approving Designee	
How does the Scout plan to fund Camp:		I recommend ap	pproval based on information provided
Family/Scout Contribution\$		Signature	Date:
Unit/Chartered Organization Contribution?		Scout Executive	
Requested Amount \$		I approve/disapprove this request for assistance in the amount of \$	
A Scout is Trustworthy. The above information is true,	Scouts Honor!	Signature	Date:
Parent/Guardian SignatureDate			Office Use Only Camperships (1-8910-100-25)