

# Application for Assistance with Camp Fees (Campership Application)

**Dear Parent/Guardian:** The Daniel Webster Council has pledged that no young person will be denied a Scouting summer camp experience due to financial hardship and therefore has established a Campership Fund to assist DWC Scouts who have aggressively tried to earn their own way to camp. If your child is in need of additional funds, please fill out and sign this application and **forward it to your unit leadership by April 1<sup>st</sup>**. The unit leader is then asked to complete and sign the application and forward it to the Daniel Webster Council. In keeping with the Scouting philosophy, we ask that every effort be made by your Scout or Venturer and their unit to provide a portion of the camp fee. All camperships are awarded based on need and recipients will be expected to write a "Thank You" letter to donors if an award in any amount is granted.

**PLEASE NOTE: Incomplete or late applications will not be considered.**

Youth's Full Name: \_\_\_\_\_  Pack/  Troop/  Crew 292

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Youth will enter grade \_\_\_\_\_ in September. Youth's current rank is: \_\_\_\_\_ Number of years in Scouting: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**To help in applying the campership, please indicate the camp/program and provide the dates attending:**

Camp/Program	Dates Attending
<input type="checkbox"/> Cub Scout Day Camp Location: _____	
Camp Carpenter: <input type="checkbox"/> With Pack (Chartered) <input type="checkbox"/> Individual (Provisional) <input type="checkbox"/> Akela Camp	
Hidden Valley Scout Camp: <input type="checkbox"/> With Troop (Chartered) <input type="checkbox"/> Individual (Provisional)	
<input type="checkbox"/> Other Summer Program (List) _____.	
<input type="checkbox"/> Camp Bell <input type="checkbox"/> National Youth Leadership Training (NYLT)	

COST FOR CAMP = (A) \$ \_\_\_\_\_ (Tier 1 "Early Bird" Cost)

Amount youth raised in popcorn sales (net) = \$ \_\_\_\_\_

Estimated amount youth raised in Camp Card sales (net) = \$ \_\_\_\_\_

Amount Family will provide = \$ \_\_\_\_\_

Amount Unit will provide = \$ \_\_\_\_\_

Amount from other funds = \$ \_\_\_\_\_

TOTAL FUNDS FROM ABOVE = (B) \$ \_\_\_\_\_

TOTAL CAMBERSHIP REQUESTED (Must be provided) = (A-B) \$ \_\_\_\_\_  
(Amount cannot exceed half the cost of camp)

Our family pledged an amount to the Friends of Scouting (FOS) campaign.

**Please indicate why financial assistance is needed (continue on back and use additional paper if necessary)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scouts must submit to unit leader by April 1<sup>st</sup>. Please estimate income (if any) from Camp Card sales

## Application for Assistance with Camp Fees (Campership Application)

**Instructions for the Unit Leaders:**

Please forward this application directly to the **Daniel Webster Council, 571 Holt Avenue, Manchester, NH 03109** no later than April 15<sup>th</sup>. Notification by e-mail of the amount of the campership to be awarded will be made by May 10<sup>th</sup>. All campership recipients will be expected to write a "Thank You" letter to donors if an award is granted in any amount.

**Parent/Guardian Comments:**

**Unit Leader/Committee Chair Comments:**

Unit Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR DISTRICT USE ONLY:**

Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_ Recorded: \_\_\_\_\_

Comments: