

# CAMPERSHIP APPLICATION

**PURPOSE:** It is the intention of the Twin Rivers Council to assist Scouts to Participate in Summer Camping Programs conducted by the Council. Unfortunately, this is sometimes not possible due to financial limitations. The campership program is NOT normally intended to extend a camping experience beyond a single week or to provide more than 50% of the Early Bird cost.

**PROCEDURE:** All applicants must submit an application providing the information requested on this form. **This request must be submitted no later than the May 1, 2005. NO EXCEPTIONS** When approved, campership credit will be allocated to the **CAMP**. All approvals and denials will be in writing following the appropriate campership review. The Camp Director or District Executive **MAY NOT GRANT** approvals.

**APPROVALS WILL BE BASED ON:** 1) Demonstrated Financial Need 2) Availability of Other Funding Sources 3) Campership Money Available 4) Applications considered in the order they are received (first come/first serve)

ALL CAMPERSHIP RECEIPTS ARE ENTITLED TO THE EARLY BIRD COST

SCOUT INFORMATION:

Name: \_\_\_\_\_ Troop: \_\_\_\_\_  
Address: \_\_\_\_\_ Pack: \_\_\_\_\_  
District: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent Place of Employment: \_\_\_\_\_  
Parent Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

\*\*INCOME INFORMATION:

Gross Annual Income: \$ \_\_\_\_\_ (total dollar amount of income for calendar year)  
Single Parent Family: Yes No Number of Persons in Household: \_\_\_\_\_  
Does Applicant and/or family receive Social Service Benefits: Yes No

CAMP OR ACTIVITY APPLIED FOR:

\_\_\_Wakpominee Resident Camp \_\_\_Rotary Scout Reservation \_\_\_Boyhaven Resident Camp  
\_\_\_Cub Day Camp at \_\_\_\_\_

Dates Attending Camp: From \_\_\_\_\_ To \_\_\_\_\_  
Cost of Camp (Early Bird Fee) \$ \_\_\_\_\_  
Money Available from Troop/Pack/Crew \$ \_\_\_\_\_  
Did you participate in Pack or Troop Fundraising? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_  
Did you sell popcorn? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_  
Assistance From Other Sources: \$ \_\_\_\_\_  
Amount of Campership Requested: \$ \_\_\_\_\_

\*\* \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\*\* \_\_\_\_\_  
SIGNATURE OF UNIT LEADER

**Make sure this form is completely filled out and submitted to the Council Service Center in Albany prior to May 1, 2005. Additional information and recommendation material may be attached.**

Mail application to:

Campership Application, Twin Rivers Council, 253 Washington Avenue Ext., Albany, NY 12205

OFFICE USE ONLY: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved Signed: \_\_\_\_\_