



CAMPERSHIP APPLICATION

Applicant's Name: _____ Unit # : _____ Date of Request: _____

Address: _____ City/State/Zip: _____

District: _____ Telephone # (Home) _____

Campership Request is for (*Southeast Louisiana Council events only – For Cub Day Camp please specify district*):

Give date(s) of event: _____

Total Event Fee:	\$ _____
Amount Being Paid by Applicant:	\$ _____
Amount Being Paid by Unit:	\$ _____
Amount Being Paid by Other:	\$ _____
Amount of this Request (50% maximum)	\$ _____

IMPORTANT INFORMATION

Camperships of up to 50% of the total fee may be requested. Funds have been specifically designated for youth or adults registered with the Southeast Louisiana Council who need assistance in attending Southeast Louisiana Council events. Camperships are approved on need, on a first-come/first-served basis. We may not be able to meet all requests, based on available funds and degree of need. In order that we may help as many as possible, please request the minimum amount needed. Submit your request at the earliest possible date. **All Camperships must be requested 30 days prior to the close of registration of an event.**

Before any Campership funds are applied, the amount to be paid by the applicant and others must be received. There will be a deadline for these funds to be received after the Campership is approved. After that deadline the Campership will not be issued.

Part I

To be completed by parent/guardian or adult applicant

Parent/Adult Name: _____ Relationship to Scout: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Scout lives with [] parents [] foster home [] group home [] other (specify: _____)

Scout [] qualifies [] does not qualify for free/reduced meal program at school

Number of siblings: _____

Why does the participant need a campership?

I certify that other means of securing the needed camp fees have been exhausted and that this Scout has made an effort to earn and save toward his camp fee within the framework of his environment and circumstances.

Signed: _____
Parent/Guardian/Adult

Part II

To be completed by Unit Leader (for youth) or Reference from Scouting Unit (for adult)

Unit Leader Name: _____ Position in Unit: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

How active is the participant in the unit?

How will the event experience benefit the participant?

Did the participant assist in unit fundraising efforts (camp cards, popcorn, etc.)? Yes No

I support this request for Campership help.

Unit Leader _____ Date _____
(Signature)

Date Received in Scout Service Center: _____
(Campership applications will be considered on a first-come/first-served, need basis)

FOR OFFICE USE ONLY

Amount of Campership approved _____	By whom? _____
Date applicant notified _____	By whom? _____
Campership accepted _____	Deadline for balance in office _____