

2012 CAMBERSHIP APPLICATION

** Intended for youth only**

DEADLINE for submitting applications is MAY 1, 2012

All information requested on this application will be kept strictly confidential. Applications must be filled in completely with all requested information in order to be considered or they will be returned.

SECTION A (TO BE COMPLETED BY PARENT)

Camper's Name _____ Unit # _____ Camp Attending _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Phone _____ Occupation _____

Mother's Name _____ Phone _____ Occupation _____

And age of siblings _____ Any going to camp? _____

Total Camp Fee \$ _____ (Do not add the late fee on to the camp fee amount)

Camper can pay: \$ _____ Family Can Pay \$ _____ Unit Can Pay \$ _____

Amount of Campership requested: \$ _____

Parent's signature _____ Date _____

SECTION B (TO BE COMPLETED BY YOUTH)

Check one: _____ Boy Scout _____ Venturer _____

Rank in Scouting: _____ Date(s) you are attending camp: _____

Did you earn money to help pay for summer camp? Yes _____ No _____

How did you earn the money? _____

What activities are you involved in? _____

Why do you want to attend summer camp? _____

Are you active in Scouting all year long? Yes _____ No _____

The PARENTS and LEADER must also complete the reverse side of this application explaining why a Campership is needed.

SECTION C (TO BE COMPLETED BY PARENTS)

Why is this Campership needed? Please give as much information as possible as to the specific details of the hardship that makes this request for a Campership necessary this year.

SECTION D (TO BE COMPLETED BY UNIT LEADER)

Does your unit use a savings plan? Yes _____ No _____

Did your unit have fund raising to help youth go to camp? Yes _____ No _____

Did this applicant participate? Yes _____ No _____

Does your unit participate in Family Friends of Scouting (FOS)? Yes _____ No _____

Does your unit participate in the annual Trail's End Popcorn Sale? Yes _____ No _____

GIVE REASONS WHY CAMPERSHIP IS NEEDED. PLEASE BE SPECIFIC WHAT THE HARDSHIP IS.

Unit Leader's Name (printed) _____ Position _____

Unit Leader's signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

**ALL CAMPERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:30 pm MAY 1, 2012
AT THE CENTER FOR SCOUTING. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

**Send to: Bay-Lakes Council
PO Box 267
Appleton, WI 54912-0267**

Date Received _____ Amount of Campership _____

Reviewed by _____ Date _____

Date mailed to Leader _____