

Campership Application 2020



BOY SCOUTS OF AMERICA®
LA SALLE COUNCIL

DEADLINE FOR CAMBERSHIP APPLICATION IS APRIL 3, 2020
Applicants will be notified by May 1, 2020

Campership Applicant Information

Unit Type and Number	Pack	Troop	Crew	Post	Unit Number _____
Scout Name					
Parent/Guardian Name					
Street Address					
City ST ZIP Code					
Best Phone Number					
E-Mail Address					
Which Camp Program?					

Fundraising

Has the Scout and/or Family participated in the following? (Check all that apply)

Peanut Sell	Amount Sold	\$ _____
Popcorn Sell	Amount Sold	\$ _____
	___ Other fundraising opportunities (please list)	
Friends of Scouting	_____	

Scout History

Please describe the Scout's history (time in Scouting, participation level, etc.)

Reason for Campership Request

Please describe the financial circumstances that create the need for a campership. Be specific.

Household

Number of household members		
How many under age 18?		
Please list income: **Be sure to include income from ALL household members**		
Wages, salary (who?) _____	\$ _____	Per _____
Wages, salary (who?) _____	\$ _____	Per _____
Wages, salary (who?) _____	\$ _____	Per _____
Social Security Income	\$ _____	Per _____
Unemployment	\$ _____	Per _____
Child Support	\$ _____	Per _____
Pension or Retirement	\$ _____	Per _____
Any other income	\$ _____	Per _____
Total Household Monthly Income \$ _____		
Our family can contribute \$ _____ toward this Scout's camp fees.		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

TO BE COMPLETED BY LEADER PRIOR TO SUBMITTING TO LASALLE COUNCIL

To receive a campership, the Family AND the Unit and/or Chartered Organization MUST provide some amount of funding.		
Be sure to include income from ALL household members		
Camp Program Fee for this Scout	\$ _____	
Funds from Family	\$ _____	If \$0 why? _____
Funds from Unit	\$ _____	If \$0 why? _____
Funds from Chartered Organization	\$ _____	If \$0 why? _____
Total available to pay Scout's Fees	\$ _____	
Total campership amount requested	\$ _____	(Maximum 50% of camp fee)

Unit Leader or Committee Chair Signature

Please comment on the worthiness of this request:	
Name (printed)	
Signature	
Date	