



2018 Campership Application

****Intended for youth only****

Deadline for submitting applications is MARCH 1, 2018

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/guardian):

Camper's Name: _____ Unit Type: _____ Unit #: _____ District: _____

Circle which camp attending. **Cub Scouts:** Rokilio Twin Lakes Hiawatha **Boy Scouts:** Bear Paw Gardner Dam Hiawatha

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 or additional Unit charges to the camp fee amount)

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

Amount of Campership requested: \$ _____

Parent/Guardian Signature: _____ Date: _____

Section B (To be completed by Boy Scout/Venturer Youth):

Rank in Scouting: _____ Date/Week attending Camp: _____

Did you earn money to help pay for summer camp? (Circle answer) 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? (Circle answer) Yes No

Section C (To be completed by parent/guardian):

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.

Please turn to the reverse side of this application for additional space and Unit Leaders explanation for this Campership.

Section D (To be completed by Unit Leader):

Circle Answers

- 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 in the fund raising? Yes No
- Does your Unit participate in Family Friends of Scouting (FOS)? Yes No
- Does your Unit participate in the annual popcorn or battery sale? Yes No

Please give supporting reasons as to why the campership is needed. Be specific to what the hardship the Unit has seen for this Scout.

Unit Leader's Name: (Printed) _____ Position: _____

Unit Leader's Signature: _____ Date: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

**ALL CAMPERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:30 PM, MARCH 1, 2018,
AT THE CENTER FOR SCOUTING. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

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

Amount Awarded: _____

Reviewed by: _____ Date: _____