



## Campership Application

**DEADLINE FOR CAMPERSHIP APPLICATION IS APRIL 1**

Applicants will be notified by May 1

### Campership Applicant Information

Unit Type and Number	Pack <input type="checkbox"/> Troop <input type="checkbox"/> Crew <input type="checkbox"/> Post <input type="checkbox"/> Unit Number _____
Scout Name	
Parent/Guardian Name	
Street Address	
City ST ZIP Code	
Best Phone Number	
E-Mail Address	
<b>Which Camp Program?</b>	

### Fundraising

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

<input type="checkbox"/> Peanut Sell	Amount Sold \$ _____
<input type="checkbox"/> Popcorn Sell	Amount Sold \$ _____
<input type="checkbox"/> Friends of Scouting	<input type="checkbox"/> Other fundraising opportunities (please list) _____ _____

### Scout History

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

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### Reason for Campership Request

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

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## Household

Number of household members		
How many under age 18?		
Please list income:      **Be sure to include income from <b>ALL</b> 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 <b>MUST</b> provide some amount of funding.		
Be sure to include income from <b>ALL</b> 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	