

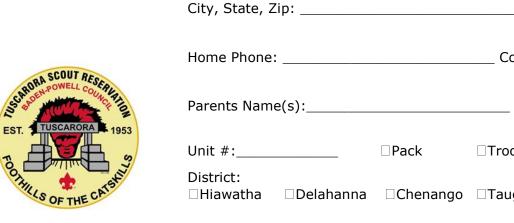
BADEN-POWELL COUNCIL, BSA



2017 Campership **Application**



Funds available for Camperships covered by this application come from funds restricted for use for youth members of the Baden-Powell Council attending Baden-Powell Council Resident Camps, District Cub Scout Day Camps, and NYLT. Please read all instructions completely and fill in all spaces. Do not include extra paper with this application Please file a separate form for each program you are applying for!! All sections MUST be completed or the application will be returned to vou!!!



Applicant Nam	ne:			DOB: _	_//
Street Address	s:				
City, State, Zi	p:				
Home Phone:			County: _		
Parents Name	(s):		Phone: _		
Unit #:		□Pack	□Troop	□Crew	□Ship
District: □Hiawatha	□Delahanna	□Chenango	□Taughannoc	k	



Return completed application no later than April 30, 2017 to:

Baden-Powell Council Boy Scouts of America 2150 NYS Route 12 Binghamton, NY 13901

Campership Questions: (607) 648-7888, ext. 113, Fax: (607) 648-7895

GENERAL INFORMATION

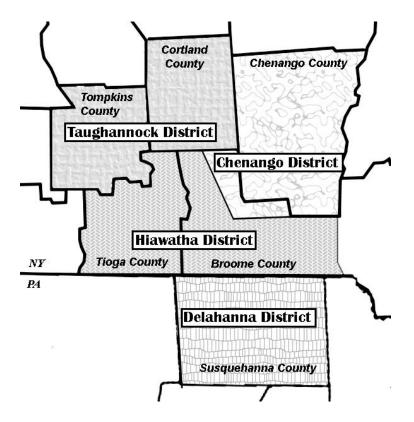
The Council Camping Committee is concerned about the <u>individual</u> needs and the Unit's <u>individual</u> evaluation of the Scout for whom this request is made.

Generally, camperships are limited to no more than 40-50% of the activity cost. Each Scout, his family, or his unit should provide a minimum of 50% of the activity cost.

Camperships are not transferable, refundable and have no cash value.

Applications must be submitted no later than April 30, 2017. Applications received after April 30th will be reviewed but may not be granted due to limited funds.

All information in this application will be treated confidentially.



INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay his own way. The Council Camping Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character building opportunity for the scout to learn the importance of being THRIFTY.

FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the child to attend camp.

UNIT ENDORSEMENT

This area is extremely valuable to the Council Camping Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's participation in the unit fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

Please Type or Print

Applicant's Name	
Please circle the camp the Scout will be atten	ding:
Barton Scout Camp Tuscarora Scout Rese	ervation Cub Scout Resident Camp
□ Cub Scout Day Camp - District:	Other (Specify)
Date of Camp (Session):	
CAMPERSHIP REQUEST	
Cost of Camp:	\$
Staff Member Discount for working all week at <u>Day Camp</u>	<u></u>
Less Cost Provided by the Family:	<u></u>
Less Cost Provided by the Unit:	
Less Cost Provided by the Chartered Partner:	<u>-</u>
Net Campership Request:	\$
FAMILY INFORMATION This section must be completed by the Scout's family require campership assistance for the Scout to attendent medical issues, etc.)	
Total yearly net household income: □ Under \$17,000 □ \$17,000 to \$23,000 □ \$29,000 to \$34,000 □ \$34,000 to \$40,000 □ \$47,000 to \$52,000 □ \$52,000 to \$60,000 □ \$	23,000 to \$29,000 40,000 to \$47,000
Name and Age of Other Children in the home: 1	2
3 5	6
In most cases camperships are not granted to those families who have the second	

	Applicant's	s Name		
<u>UNIT ENDORSE</u>				
Please provide as in evaluating this	s much information as possible application.	to assist the Council Can	nping Committee	
Unit Leader Name	e:			
Home Phone:		Work Phone:		
Signature:				
	(Unit Leader)	(Registered F	osition)	
may apply for lim members to attend intended to provide	members who cannot pay the fulited financial assistance (camped local council events with a percle the full fee. Families, units and the portion of the fee. A separamping experience.	ership). This fund assists tentage of the cost based of the cost based of the chartered partners.	deserving youth n need, but is not r are expected to	
BSA. Applications	perships MUST be a currently reg for unregistered persons and ap it Committee Chairman.		-	
FOR COUNCIL US	SE ONLY:		Date Stamp	
□Approved	☐ Disapproved-Reason			
Amount:	Date:			
	BPC004 -	- Revised 3/23/2017		