

CAMPERSHIP REQUEST

(Specific Assistance to individuals Fund)

CAMPERSHIP PURPOSE: The purpose of a campership is to make attendance to camp possible to deserving Scouts who otherwise would not be able to meet the fee requirements. It is important that the details shall be handled in such a way as to cause no embarrassment to the scout or their family. All Scouts who receive campership help should earn or provide part of the fee, in keeping with the ninth part of the "Scout Law", "A Scout is Thrifty." In some cases, conditions known to the Scoutmaster and Troop Committee may be such that this is not possible. The information requested below is confidential, but necessary to determine the degree of need for each applicant. Applicant must be a registered Scout.

Complete and return this application to: Aloha Council, 42 Puiwa Road, Honolulu, HI 96817 or Fax: (808) 595-4323

CAMPERSHIP APPLICATION PLEASE PRINT

Name _____ Unit No. _____ District _____

Address _____ City _____ ST _____ Zip _____

Phone No. _____

We certify that we talked with the above named Scout regarding attendance at:

_____ during _____ with _____

(Camp Name)

(Date)

(Unit #)

and present the following plan to care for the attendance fee:

1. Amount youth and family will pay \$ _____
2. Amount institution or Unit Treasury will pay \$ _____
3. Amount requested from Campership Fund \$ _____

Scout participates in fund raising activities?

Makahiki Card Sale _____ Popcorn Sale _____ FOS Donations _____ Other _____

The Aloha Council is committed to supporting the local Scouts within the Council to experience the pinnacle of the Scouting program through the Cub Scout and Scouts BSA Resident camping program with up to 50% Campership funding, being granted to qualified applicants in need.

PLEASE ATTACH A LETTER STATING THE SPECIAL CIRCUMSTANCES WHICH MAKE IT A HARDSHIP FOR THE ENTIRE FEE TO BE PAID BY THE APPLICANT.

We have indicated above the maximum support available from the youth, family, institution and our funds and we recommend approval of this request if financial scholarship is available. PLEASE PRINT, all information in full, and ALL signatures must be completed prior to submitting application.

SIGNATURES

(1) Unit Leader or Unit Official _____ Signature _____

Address _____ City _____ ST _____ Zip _____

Registered Position _____ Phone _____ E-Mail _____

(2) I hereby consent that my scout participate in this activity (parent or guardian) _____

Signature _____ Phone _____

Address _____ City _____ ST _____ Zip _____

(3) District Executive _____ District _____

Account # _____ \$ _____

OFFICE USE ONLY

Money received with application Date: _____ Signature: _____ Date: _____