Scouts BSA 2023 Campership Application





Sagamore Council, BSA PO Box 865 Kokomo IN 46903 765-452-8253 765-459-5625 (Fax)

sagamore.council@scouting.org

Name:				DOB	
Address		City		State	Zip
Phone number		Unit number			
District: Pe	eshewa Nort	h Star	_ Wabash Vall	еу	
School System:					
Do you receive	reduced or free lunches	within your	school system?	O Yes	O No
Number of fam	ily members in house				
Household Inco	me (Please indicate one	below):			
☐ Under :	\$20,000		☐ Between \$40,0	000-\$50,000	
☐ Betwee	en \$20,000 - \$30,000		Over \$50,000		
☐ Betwee	en \$30,000 - \$40,000				
Which week of	Scouts BSA Resident Car	mp will you l	be		
attending: Sco	uts BSA Resident Summo	er Camp			
	Week 1 (June 11-17)Week 2 (June 18-24)Week 3 (June 25-JulyWeek 4 (July 2-July 8)	1)			
Council Campin during the sun registered sess others; any can his or her unit.	are ONLY for registereing Committee to families namer. In the event thation, a "No Show Fee" of campership portion of cam	who need t t the Scout of \$25 will b p fees is nor	the help. A Scout ca does not show use deducted from the n-transferable and i	n attend on p at camp the fees pai s not refund	ly one week of camp for the start of his id by the parents or dable to the youth or
Parent Email Ad	ddress:				
Date:	Leader S	ignature:			
Leader Email A	ddress:				
	District Executive)		(Campership) Committee	Representative)

All campership applications must be submitted, approved and received at the Council Office by May 12, 2023. All signatures are required for applications to be considered.

The campership program is to help an individual member attend Camp Buffalo Resident Camp, Cub Scout Day Camp, Adventure Resident Camp and other Sagamore Council sponsored camping activities, after all other sources of funding are exhausted. It is expected, that a Scout participate in Council Popcorn sales to help raise funds. The Scout is also expected to participate in Community Service Projects fulfilling the Scout Oath & Law. Failure to do so will likely result in a substantially reduced campership amount returned back to the Scout.

Did this Scout join	Scouting after August 1, 2022?				
○ Yes ○	No If no did he/she advance in Rank in 2022? O	′es ○ No			
Did you participate	e in Council sponsored Popcorn sales?				
○ Yes ○	No Amount Sold \$				
If not, Why?					
Did you participate	e in any Unit sponsored Fundraisers?				
O Yes O No Event/fundraiser:					
	If not, Why?				
Did you participate	e in Scouting for Food or a food drive of any type? O Yes No				
Number of items of	or pounds collected:				
If not, Why?					
Did you participate	e in any Community Service Projects? O Yes O No				
Description:					
Total hours spent	by all on the service project:				
Does this Scout ha	ve siblings in the Scouting Program?				
	○ Yes ○ No				

Camp Fee Amount (Camp Fees Vary With Each Camp)	Amount Applicant Can Pay	Amount Unit Will Pay	Amount Others Can Pay (Unit/ Charter Partner Support)	Amount Requested
Example: Camp Buffalo Scouts BSA Resident Camp \$295	\$95.00	\$30	\$30	\$140.00
\$295				
	Box A 👚	Вох В 👚	Box C 👚	Box D 👚

(Required)

Complete Boxes A, B C & D Above:

Parent Obligations:

- 1. Pay reservation fees (non-refundable). Reservation deposit (\$100) must be paid to the unit or Council before the campership will be approved.
- 2. Register the Scout in the Pack/Troop through which he/she is applying for the campership before the campership is applied for.
- 3. Obtain and complete the camp required medical form. Class 1 & 2 National BSA Physician signed physical required for any camp that exceeds 72 hours.
- 4. Provide spending money.
- 5. Provide personal equipment (See Cubmaster or Scoutmaster for list of supplies needed).
- 6. Pay \$_____toward the total camp fee. (No more than 50% will be provided for a campership)

Council Long Term Camp Responsibilities:

- 1. Provide health and safety services at camp.
- 2. Camp provides meals IF residential camping.
- 3. Camp provides opportunities for swimming, Scout activities, rifle range, archery, hiking and campfires.
- 4. Provide a campership in the amount of: \$______. (No more than half of the camp fee will be allotted in the form of a Campership)

(Required) **Explanation of Need:** This explanation greatly influences the amount approved. Please provide as much detail as possible. Office and Campership Committee Approval Date: _____ Amount Applied for: \$_____Amount Approved: \$_____ Camping Committee Member: Council Camping Chairman:

Council Executive: