

Western Massachusetts Council Campership Request Form

Camping is one of the key methods of delivering the Scouting program, and we are committed to ensuring that every Scout has the opportunity to enjoy a safe, fun, and meaningful camp experience.

Campership funds are available to assist families with financial need. In order to help as many Scouts as possible, all Scouts receiving campership assistance are expected to earn or contribute a portion of their camp fee. This shared responsibility allows us to extend support to more families using the funds available.

To ensure timely processing, please complete **all sections of the application form** thoroughly and accurately. Incomplete applications may delay review.

If you have any questions about the campership process, please contact the Council office for assistance.

In order to provide financial assistance, Units are encouraged to (check to confirm):

- ☐ Participate in the Western Massachusetts Council's popcorn sale or Pancake sale.
- ☐ Participate in the annual Friends of Scouting campaign.
- ☐ I would like to learn more about participating in our Popcorn sale, Pancake sale or Friends of Scouting.

How this form works:

1. A registered Scout would like to fully participate in Scouting; however, the cost of camp would create a hardship.
2. The Unit Leader, Family, and Chartered Organization Representative complete his/her sections, assessing potential contribution by the family and unit.
3. The completed form is submitted to iris.sosa@scouting.org for review.
4. The council reviews the assistance request and contacts the family. **If approved the Scout family will be provided up to 50% of the cost of camp (subject to availability and budget).**

Unit Leadership Section		
District Name:	Unit Type:	Unit Number:
Youth's First Name:	Youth's Last Name:	Youth Rank:
Unit Leader Name:	How much can the Unit Contribute? \$	
Unit Leader Signature:	Date:	

Family Section		
Are other family members registered in Scouting? (if so, who)	Has this Scout received a campership in the past? (if so, when)	How much can the family afford to contribute? \$
Parent/Guardian Name:	Parent/Guardian Phone:	Parent/Guardian Email:
Compelling reason for assistance. If more space is needed, attach a separate sheet.		

Camp Information	
Camp Dates:	Type of Camp (Day Camp, Moses Summer Camp and NYLT):
Parent/Guardian Signature:	Date:

Chartered Organization Representative Section		
Chartered Organization Name:	Chartered Organization Representative Name:	How much can the Chartered Organization contribute? \$
Chartered Organization Representative Signature:	Date:	

Council Section		
Total Fee: \$	By signing below, I confirm the validity of the attached application. Finding all information presented is accurate, approve this individual application for campership assistance.	
Family Contribution: \$		
Unit Contribution: \$	Scout Executive Designee Name:	Executive Board Member Name:
Chartered Organization Contribution: \$	Scout Executive Designee Signature:	Executive Board Member Signature:
Total Assistance Requested: \$	Date:	Date:

Campership Account -----