

## CAMPERSHIP APPLICATION

The purpose of a campership is to assist those Laurel Highlands Council Scouts with a financial need to attend summer resident camp (Day Camp and NYLT do not qualify). Completion of this form DOES NOT automatically guarantee a campership. Camperships are made on the basis of need and available funds. Requests for campership funding can only be considered for LHC youth attending an LHC resident camp. **Application must be received at the above address by March 1.** Incomplete, unsigned, or applications received after this date will not be considered. Notification of campership awarded will go to the Unit Leader and to the parents/guardians. All award amounts are based on early bird discounts.

**All information must be completed. Camperships are not transferable to either another Scout or another year.**

Scout's Name:	Unit type:	Unit #	District:
<hr/>			
Address:	City:	State:	Zip:
<hr/>			
Phone number:	Number of children in family:		
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**Parent/Guardian 1-Name, Job Title, and Place of Employment:**

Registered Scout Leader?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Planning to attend camp with Scout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Parent/Guardian 2-Name, Job Title, and Place of Employment:**

Registered Scout Leader?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Planning to attend camp with Scout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Single adult household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of siblings attending an LHC summer resident camp:
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Family's annual gross income:	<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$80,000	<input type="checkbox"/> \$80,001 - \$100,000	<input type="checkbox"/> \$100,000+
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**Scout will attend:**

<input type="checkbox"/> 3-Day Cub Scout/Webelos Camp	<input type="checkbox"/> 4-Day Webelos Camp	Camp name:
<input type="checkbox"/> Pack Camp	<input type="checkbox"/> Scouts BSA Camp	
	<input type="checkbox"/> Eagle Base	

**Cost of camp:**

	<b>Total youth camp fee:</b>	\$
Amount earned from council popcorn sale	Less	\$
Amount Scout will contribute from projects or fundraisers	Less	\$
Amount family will contribute	Less	\$
Amount unit or chartering organization will contribute	Less	\$
<b>Total funds contributed (total of four lines above):</b>		\$
<b>Amount of campership requested (cannot be more than half of total youth camp fee):</b>		\$

Laurel Highlands Council  
1275 Bedford Ave  
Pittsburgh, PA 15219

**DUE MARCH 1**

[www.lhcscouting.org](http://www.lhcscouting.org)

Short statement on why a campership is requested (To be completed by youth/family. Attach another sheet if needed):

I certify that the information on this form is accurate:

I certify that to the best of my knowledge, the information on this form is accurate:

Parent/Guardian name (print):

Unit leader name (print):

Parent/Guardian signature:

Unit leader signature:

Date:

Unit leader address:

Unit leader phone:

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**All information must be completed. Camperships are not transferable to either another Scout or another year.**

**Send completed application to:**

Laurel Highlands Council  
1275 Bedford Avenue  
Pittsburgh, PA 15219  
Fax: 412-232-3524

Email: [lhccamping@scouting.org](mailto:lhccamping@scouting.org)

**For Office Use Only**

Request Received: \_\_\_\_\_ Request Reviewed: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Notification Sent: \_\_\_\_\_ Added to Camp Reservation: \_\_\_\_\_