Capitol Area Council Request for Campership Assistance

Camping is one of the methods of delivering the Scouting Program. The Capitol Area Council wants to make sure every Scout has an opportunity to have a mountain-top experience at camp. All Scouts who receive campership aid should earn or provide part of their fee, in keeping with "A Scout is Thrifty". This ensures that we can serve as many Scouts as possible with the funds available. We ask that all sections of the form be filled out completely.

To help ensure that we continue to receive financial gifts to keep these programs possible, you are asked to include a brief letter with your assistance request that can be shared with possible donors. We ask that this letter be from the Scout, and include what Scouting means to them and how attending this camp will have an impact.

n order to provide financial assistance, U	nits are encou	raged to (check to confirm)	:				
□ Participate in the Capitol Area Council's popcorn sale.							
□ Participate in the annual Friends of Scouting campaign.							
 I would like to learn more about 	ut participatinį	g in our Popcorn sale or Frie	ends of Scou	ting.			
How this form works:							
 A registered Scout would like t 	o fully particin	ate in Scouting: however, t	he cost of ca	mp would creat	e a hardship.		
9		•		•	•	Il contribution by the family and unit.	
 The Unit Leader, Family, and Chartered Organization Representative complete his/her sections; assessing potential contribution by the family and unit. The completed form is submitted to the District Executive/Director for review (paper or digital copy is acceptable). 							
•		·				up to 50% of the cost of camp (subject	
to availability and budget) and	•	· · · · · · · · · · · · · · · · · · ·		-	-		
	_						
		Unit Leader	ship Section	ı			
District Name:		Unit Type:	t Type: Unit Number:				
Youth's First Name:	Youth's Last Name:			Youth's Rank:			
Parent/Guardian Name:	Parent/Guardian Phone:			Parent/Guardian Email:			
Unit Leader Name:		How much can the Uni			Contribute?		
		\$					
Unit Leader Signature:	Date:						
		Family	Section				
When did this Scout earn their last rank advancement?		Are other family members registered in S	Are other family members registered in Scouting? (if so, who)			Has this Scout received a campership in the past? (if so, when)	
Annual Household Income ()all sources):	Total Number of Household Members:			How much can the family afford to contribute?			
\$				\$			
Does the family receive free or reduced	-price school n	neals? Yes No (C	Circle One)				
		Camp Inf	formation				
Camp Information (circle one):							
Cub	Scout W	/ebelos Scouts BSA	Nationa	l Youth Leadersh	nip Training (N	YLT)	
Type of Camp (Day Camp, Summer Camp, Winter Camp, etc.):	Camp Dates:						
Parent/Guardian Signature:		Date:					
		Chartered Organization	Representa	tive Section			
Chartered Organization Name:	Chartered Organization Representative N	Chartered Organization Representative Name:			How much can the Chartered Organization contribute?		
				\$			
Chartered Organization Representative Signature:			Date:				
		Council	Section				
Total Fee:	By signing by	alou. I confirm the validity	of the attach	ad application	Finding all infe	armatian procented is assurate	
\$	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:	approve tilis	illulvidual application for c	ampersinp a	ssistance.			
\$							
Init Contribution: District Executive/Director Name:			Field Director Name:			Scout Executive Designee Name:	
\$							
Chartered Organization Contribution:				Field Director Signature:		Scout Executive Designee Signature:	
\$							
Total Assistance Requested:	Date:		Date:			Date:	
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Account Debited: _____-