

### Application for Campership

Requests may or may not be granted based on available funds and eligibility. Units are encouraged to provide financial assistance through annual fundraising efforts. Council funds are intended to help families in need when unit funds are not available. This application should be completed by parent or guardian. All information will be kept confidential.

Youth applicant name: \_\_\_\_\_  Youth age: \_\_\_\_\_

Unit type:  Pack  Troop  Crew Unit number: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Briefly describe the family's need for assistance: \_\_\_\_\_

Annual household income: \$ \_\_\_\_\_ Total household members: \_\_\_\_\_

**Application must be turned in by May 1<sup>st</sup>!**

- Camp
  - Cub Scout Gorsuch Camp  Cub Scout Eagle River Camp
  - Scouts BSA Gorsuch Camp  Scouts BSA Eagle River Camp

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Leader Section:**

I commit to my unit selling popcorn in order to support Scouts

Unit leader name: \_\_\_\_\_ Unit leader phone number: \_\_\_\_\_

Unit leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be filled out completely and signed by a unit leader in order to be considered.**

Submit completed application to: Great Alaska Council, 3117 Patterson Street, Anchorage, AK 99504  
Or email application to [Brenda.bidwell@scouting.org](mailto:Brenda.bidwell@scouting.org) Please contact us at (907) 337-9547 with any questions.

<b>Office Use Only</b>	
Date Received: _____	Approved by: _____
Camp Amount: \$ _____	