

Cub Scout Campership Program

PURPOSE: The Campership Program identifies and assists financially those Scouts who would like to attend a Glacier's Edge Council Cay Camp, Overnight Camp, or Sleepover Camp; but who, due to financial constraints or hardship, are unable to bear the cost associated with those camps. The funds allocated by the Campership Committee are intended to supplement funds raised by the youth and the youth's troop who must bear at least a portion of the cost. Although the primary qualification will be financial need, priority will be given to those Packs that are active in popcorn sales and Friends of Scouting.

PROCEDURE: Complete the application and submit it to the Scout Service Center by May 1st. The Scout will be notified of the decision by the Campership Committee by June 1st. The awarding of a Campership will be at the discretion of the Campership Committee. There are two portions of the application form to be completed: one by the Scout and one by the parent/guardian. Both portions must be completed and returned to the Council Office.

CAMPERSHIP POLICIES

1. The priority date for completed Campership Applications is May 1st. Applications received after that date will be considered based on availability of funds.
2. Troops participating in Friends of Scouting and popcorn sales will be considered first.
3. We recognize that some youth will join after the spring product sales and may not have the opportunity to earn camp fees. This will be taken into consideration.
4. Campership decisions will be made in Late May. The Campership is provided to the Pack, not to an individual member, and will be deducted from the Pack's total fees owed. The Campership is for a specific youth member. If that member does not attend camp, the Campership will be rescinded. Campership decisions will be sent to the Scout and unit leader by June 1st.

This portion of the application must be fully completed by the parent/guardian.

Camper's Name: _____ Troop: _____
Name of parent/guardian: _____
Address: _____ City: _____
State: ____ Zip: _____



Application for Campership

Return to the Madison Service Center by May 1st
Attn: Camperships
Glacier's Edge Council – 5846 Manufacturer's Dr Madison, WI 53704

This portion must be fully completed by the parent/guardian & signed by the Unit Leader.

Name of Youth Member: _____

Pack: _____ Chartered Organization: _____

Name of Unit Leader: _____ Email: _____

What Cub Summer Camp Session is this for? _____

Has youth had a Campership in prior years? Yes No If yes indicated amount: _____

How much will the Troop contribute: \$ _____

How much will the chartered organization contribute: \$ _____

How much popcorn did the youth sell this past year? \$ _____

Did the unit participate in Friends of Scouting? Yes No

How much is being requested in Campership? \$ _____

Signature of Parent/Guardian Signature of Unit Leader

Unit Leader Statement (the more information you give us concerning the youth, the better we can evaluate their need). Please use the space provide below or attach additional sheets if necessary.

Note: Camperships are awarded based on need and cannot be transferred to another member.

Committee Use Only Approved: _____ Rejected: _____ Amount: _____ Date: _____

Leader Notified? _____ Date Letter Sent: _____ Initial: _____

