

FAR EAST COUNCIL CAMBERSHIP APPLICATION

The Far East Council recognizes that some of our youth members cannot pay the full cost of registration for Council level activities. It is because of this need that we have established a limited financial fund to assist these individuals. This fund assists deserving youth members with a percentage of the cost based on need, but is not intended to provide the full cost. Families, Scouting Units, and their Chartered Organizations are expected to provide a substantial portion of the fee. Applications must be submitted by the due date established by each event.

This form must be completed and sent to the Far East Council at rob.davis@scouting.org. The information requested below is confidential. Please complete all sections so full consideration may be given to help determine the percentage of need for each application.

Applicants will only be eligible for assistance once and cannot receive assistance for two consecutive years. 3 hours of service must be provided by the applicant prior to submission. Units bank record, and guardians statement of need should be attached with application.

PLEASE PRINT CLEARLY. Complete ALL information and collect ALL signatures as required. Hard to read and missing information and/or signatures will cause the application to be denied.

INDIVIDUAL ASSIANCE APPLICANT –THIS IS NON TRANSFERABLE

Applicants Name: _____ Applicants Email: _____

Address: _____ City: _____ State: _____

Postal Code: _____ Country: _____

Guardian Information:

Name: _____ Relationship: _____ Employer: _____

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Total year annual household net income: _____ How Many People In Your Household: _____

If DOD what is your Military Paygrade or GS Level (All personnel in Household) _____

Do you qualify for the free or reduced school lunch program? _____

Do you feel that your need is greater than 50% of the camp fee? _____

Did you receive a campership last year? _____

TO BE COMPLETED BY THE UNIT

We have indicated below the maximum support available from our own funds and we recommend approval of this request.

Applicant Completed 3 hours of required service and Service Provided: _____

Amount Unit is Contributing : _____

Unit Committee Chair Name: _____ Signature and Date: _____

Unit Leader Name: _____ Signature and Date: _____

Unit Leader Email Address: _____

Monetary Breakdown

Total Cost/Fee (a) \$_____

Applicant and/ or Family (b) \$_____

Unit \$_____

Chartered Organization\$_____

Total to be paid by above levels \$_____

Financial Aid Requested for Campership\$_____

Event Requested For:_____

Guardian Statement of Need

Statement required for consideration of Campership Funds