

## 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](mailto: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: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

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: \_\_\_\_\_

