



Day Camp Campership Application

***Please make note these items are required for the campership to be considered**

INSTRUCTIONS

1. Complete application in full, including all signatures, and send to address below.
2. Camperships are awarded for up to 50% of the cost of day camp.
3. The Scout must be a registered Cub Scout in the Central Florida Council.
4. The endorsement of the Pack Cubmaster or Committee Chairman is required.
5. *** Applications must be received no later than May 1, 2018 to be considered for campership***
6. If approved, notification will be sent to the Unit Leader and parents at the email addresses provided by May 15, 2018
7. *** A letter describing the circumstances requiring the campership must be included with this application, or the application will not be considered. This information will remain confidential.***
8. *** This application must be accompanied by the completed online Day Camp registration and payment of at least \$57.50, or \$60.00 for the Webelos Camp to be considered. If the campership is denied, a refund of the amount paid will be offered.***
9. If awarded, the campership is valid toward the cost of one day camp and is not refundable, or transferrable

Scout's Name: _____ Age: _____ Pack #: _____
Address: _____ City: _____ Zip: _____

For the Parent(s):

- 1) Did the Pack provide a means to earn money? Yes No
- 2) Did your Scout participate? Yes No
- 3) Did your Scout participate in Pack activities, including monthly Pack meetings? Yes No
- 4) Are you able to volunteer at Day Camp all week? Yes No If not, what days can you help? M T W TH F
- 5) **Our Scout is going to Day Camp Session ____ on the week of _____. I/we, his/her parent(s) will be responsible for his transportation, medical and equipment needs.**

Parent/guardian name: _____ Parent/guardian signature: _____

Parent/guardian phone number: _____ Parent/guardian e-mail: _____

Cubmaster/Committee Chair name: _____

Cubmaster/Committee Chair: _____ Cubmaster/Committee Chair e-mail: _____

Cubmaster/Committee Chair signature: _____

Send completed form to: Campership Committee, Central Florida Council, BSA, 1951 S. Orange Blossom Trail, Apopka, FL 32703

All applications are considered solely on financial need and availability of funds. Funds for camp scholarships are made possible by private donors.

For campership committee use:

Registration verified: _____ Campership awarded? _____

Amount paid with registration flyer: _____ If yes, amount awarded: _____

Separate letter describing need attached: _____

Date notification sent: _____ Committee signature: _____