CAMPERSHIP APPLICATION

Campership applications are due no later than 4 weeks prior to event date.
All information is required. Incomplete applications will not be considered.

Reimbursement is dependent on submission of proof attendance; please submit NO LATER than one month after your Scout returns from camp.

CONFIDENTIAL INFORMATION

(To be completed by a parent/guardian)

APPLICANT'S INFORMATION:

(circle one)

Name_____Pack/Troop/Crew #_____

Home Address_____ Date of Birth_____ Age_____

City, State Zip_____ Phone_____

Parent/Guardian Email_____

Parent/Guardian Name_____

Current Rank in Unit _____

Name of School Attending_____ Grade_____

Has applicant attended summer camp before? Y or N If yes, number of years_____

Scout received assistance before? Y or N If yes, what year(s)?

FINANCIAL NEED:

What camp will you be attending?_____ Where? _____

Date of camp_____

What is the total cost of the camp?_____

The amount requested from the campership fund is $ _____ (Maximum of 50% for most cases)

Please explain more about your situation_____

_____

_____

What are you doing to raise funds? _____

_____

Did your unit participate in the Popcorn Sale? ☐ Yes ☐ No

If so, how much did you sell? _____

Do you have a BSA Scout/Venturer uniform? ☐ Yes ☐ No

Do you need financial assistance for a uniform? ☐ Yes ☐ No **(Additional application needed for uniform assistance)**

EMPLOYMENT:

Father/Guardian_____ _____
Employer Position

Mother/Guardian_____ _____
Employer Position

FAMILY SIZE:

Please indicate the number of income tax dependents currently residing in your home:

☐ 8 or more ☐ 5-7 ☐ 4 or fewer

Ages:_____

Total Annual Household Income: $_____

☐ One Parent Household ☐ Two Parent Household

☐ One Income Family ☐ Two Income Family

AFDC/Welfare/Food Stamps/Foster Care Number_____

PLEASE LIST EMPLOYMENT, MEDICAL OR OTHER INFORMATION THAT CAN BE HELPFUL:

_____

_____

Describe and/or give examples of why the Scout/Venturer needs assistance:_____

_____

_____

List the positive qualities the Scout/Venturer has demonstrated that illustrate the reason to be chosen for a campership: _____

_____

What are the Scout's/Venturer's interests and future goals?: _____

_____

_____

I attest that all information and statements on this form are true and correct.

_____ _____

Signature of parent/guardian Date

Please send this form marked "Personal and Confidential" to:
Buffalo Trace Council, Attn: Campership Administration, 3501 E. Lloyd Expressway, Evansville, IN 47715

FOR OFFICE USE ONLY

Date application received: _____

Application meets income guidelines: Yes ☐ No ☐ Application approved for: $_____

Reason for denial (if any): _____

Signed by: _____