

**CAMPERSHIP APPLICATION**

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

Campership applications are due no later than 2 weeks prior to event date.  
**All information is required. Incomplete applications *will not* be considered.**

**CONFIDENTIAL INFORMATION**

(To be completed by a parent/guardian)

**APPLICANT'S INFORMATION:**

Name \_\_\_\_\_ Pack/Troop/Crew Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Current Rank in Unit \_\_\_\_\_ Name of School Attending \_\_\_\_\_

Grade: \_\_\_\_\_

What is the Scout's/Venturer's ethnic group:

African American  American Indian  Asian  Hispanic  White  Other \_\_\_\_\_

Has applicant attended summer camp before? Y or N If yes, number of years: \_\_\_\_\_

Has 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)

What distinguishes your need apart from others? \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Application meets income guidelines: Yes  No

Application approved for: \$ \_\_\_\_\_

Reason for denial (if any): \_\_\_\_\_

Signed by: \_\_\_\_\_