

# CAMBERSHIP APPLICATION

**DIRECTIONS:**

1. Please PRINT all information. Parent and/or guardian must complete ALL information.
2. Applications should be mailed to: Hawk Mountain Council, BSA  
5027 Pottsville Pike  
Reading, PA 19605
3. Completion of this form DOES NOT automatically guarantee a campership. Camperships are made, first on the basis of verified need and second, on the basis of funds available.
4. Campership applicants must be attending a Hawk Mountain Council, BSA summer camp during the CURRENT summer season.
5. The maximum amount of campership funds granted is 50% of the total camp fee. A granted campership in the applicants name that is not used in the current year is not transferable to the following year.
6. Approved applicants will be notified in writing.

PACK #: \_\_\_\_\_ TROOP #: \_\_\_\_\_ COUNCIL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

UNIT CHARTERED TO: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. APPLICANT'S NAME \_\_\_\_\_ Age \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. DATES ATTENDING CAMP: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

4.  CUB SCOUT RESIDENT CAMP  BOY SCOUT RESIDENT CAMP  CUB SCOUT DAY CAMP  WEBELOS EXTENDED

5. Has the applicant attended a Hawk Mountain Council Summer Camp before?  YES  NO

6. Has the applicant received a campership previously?  YES  NO

7. Reason for the campership request:

- Parents(s) or Guardian(s) currently unemployed
- Extreme illness in immediate family, with accompanying financial burdens
- Large immediate family size with minimal income
- Other, Explain: \_\_\_\_\_

8. TOTAL CAMP FEE ..... \$ \_\_\_\_\_

9. Family's share of camp fee ..... \$ \_\_\_\_\_ (Required)

10. Share of camp fee from the unit ..... \$ \_\_\_\_\_ (Required)

11. Share of camp fee from other source ..... \$ \_\_\_\_\_

12. Amount requested from the Campership Fund ..... \$ \_\_\_\_\_ (MAXIMUM grant is 50% of the total camp fee)

13. UNIT LEADER'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OFFICIAL USE ONLY**

APPLICANT APPROVED: _____	DATE: ____/____/____
HOLD FOR ADDITIONAL INFORMATION: _____	DATE: ____/____/____
APPLICATION NOT APPROVED: _____	DATE: ____/____/____