

CAMPERSHIP 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: ____/____/____