

2012 CAMBERSHIP APPLICATION

(DEADLINE – MAY 1, 2012)

FORMS WILL BE REVIEWED IN THE ORDER THEY ARE RECEIVED

DIRECTIONS:

1. Please PRINT all information. Parent and/or guardian must complete ALL information. Unit Leader must sign on Line 16.
2. Applications **must** 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 currently registered in the Unit stated on this application and must be attending a Hawk Mountain Council, BSA summer camp during the CURRENT summer season.
5. The typical amount of campership funds granted is 25%-33% of the total camp fee, although a greater amount may be granted under exceptional circumstances. 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 #: _____ DISTRICT: _____ Date of Application: ____/____/____

1. APPLICANT'S NAME _____ DOB ____/____/____

2. PARENT'S/GUARDIAN'S NAME: _____

3. ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: (____) ____ - _____

4. DATES ATTENDING CAMP: From: ____/____/____ To: ____/____/____

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

6. Total Household Income (2011): under \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 over \$75,000

7. **Reason for the campership request:** If more space is needed continue on the back of this form or attach a separate sheet. (signed by Parent/guardian) _____

Signature: _____

8. TOTAL CAMP FEE \$ _____

9. Scout's share of camp fee \$ _____ (Popcorn sales/fundraising)

10. Family's share of camp fee \$ _____ (Required)

11. Share of camp fee from the unit \$ _____ (Required)

12. Share of camp fee from Chartered Partner or other source \$ _____

13. Amount requested from the Campership Fund \$ _____

14. Certification: I hereby certify that, to the best of my knowledge, the reason given for this campership request is accurate. Two signatures are required – Unit Leader/Committee Chairman/District Representative.

Signature: _____

Signature: _____

OFFICIAL USE ONLY

APPLICANT APPROVED: For: \$ _____ DATE: ____/____/____

HOLD FOR ADDITIONAL INFORMATION: _____ DATE: ____/____/____

APPLICATION NOT APPROVED: _____ DATE: ____/____/____