



BOY SCOUTS OF AMERICA®  
KATAHDIN AREA COUNCIL

# Campership Request 2019 Summer Camp Season

A partial campership may be awarded to a deserving registered Scout of the Katahdin Area Council, who is in financial need upon the approval of the Council Camping Committee and the Council Scout Executive. These Camp Scholarships will be applied to the payment of Summer Camp Fees for Cub Scout Resident Camp or Boy Scout Resident Camp. District Day Camp and Specialty Camp participants may not apply. Please fill out one (1) form per Scout.

It is required that the Scout earn a portion of his Summer Camp fee by participating in fundraisers at the unit level, Council Popcorn Sales, and/or Camp Card sales. The Unit Committee should assist the Scout with his financial needs whenever possible. **This request must be delivered on or before by April 15, 2019.** All requests will be processed within 30 days upon receipt. Applications received after deadline will be determined on a first come first served basis as funds are limited. Camperships awarded to scouts may be up to \$150, however this amount is not guaranteed. Applications not filled out completely will not be eligible for review & returned back to the family.

Scout's full name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian's full name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Unit \_\_\_\_\_ Unit # \_\_\_\_\_ District \_\_\_\_\_  
 Number of children under the age of 18 in the family \_\_\_\_\_  
 Annual Family Income \$ \_\_\_\_\_  
 The amount of Campership Funds requested with this application? Up to \$150 \$ \_\_\_\_\_  
 Detailed reason for Campership Funds \_\_\_\_\_

*Please use the back of this form if needed*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by unit leader:

Number of years that the Scout has been registered in the Unit \_\_\_\_\_  
 Did the Scout participate in: \_\_\_ Unit Fundraiser \_\_\_ Council Popcorn Sale \_\_\_ Camp Card Sale  
 How much of the earnings will be credited towards the Summer Camp fee? \$ \_\_\_\_\_  
 How much will the unit pay towards the Summer Camp fee? \$ \_\_\_\_\_  
 When will the Scout attend Summer Camp (dates)? \_\_\_\_\_  
 Will the Scout attend Summer Camp with his unit? \_\_\_\_\_  
 Unit Leader Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

*Must be delivered to the Council office on or before April 15, 2019!*

**Campership Program • Katahdin Area Council, BSA • PO Box 1869 • Bangor, ME 04402-1869**

**For office use only**

Amount Approved \$ \_\_\_\_\_ Date Rec'd at Office \_\_\_\_\_  
 District Executive Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Scout Executive Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Camping Chair Signature \_\_\_\_\_ Date \_\_\_\_\_