

Greater Cleveland Council, BSA



Campership Application

Note: Funds available for Camperships covered by this application come from funds restricted for use for **youth members** of the Greater Cleveland Council attending camp activities on **Council operated properties**, District Cub Scout Camps, Tinnerman or Philmont with the Council Contingent . Please read all instructions completely and fill in all spaces. Do not include extra paper with this application.

Applicant Name: _____ DOB: __/__/__

Street Address: _____

City, State, Zip: _____

Home Phone: _____ County: _____

Parents Name(s): _____ Phone: _____

Unit # _____ Pack _____ Troop _____ Team _____ Crew _____

District: _____ Dover Rockport _____ Quarrylands

_____ Pioneer _____ Cuyahoga Valley _____ Two Rivers

_____ Freedom Trail _____ Glacier Ridge

Return completed application no later than March 31, 2011 to:

Greater Cleveland Council
 Boy Scouts of America
 Attn: Chris Friswold, Camping Secretary
 2241 Woodland Ave.
 Cleveland, OH 44115

Campership Questions: (216) 458-8904, Fax: (216) 861-3431

(Please ask for the Outdoor Programs Dept.)

GENERAL INFORMATION

The Council Camping Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom this request is made.

Generally, camperships are limited to no more than 50% of the activity cost. Each Scout, his family, or his unit should provide a minimum of 50% of the activity cost.

Camperships are not transferable, refundable and have no cash value.

Applications must be submitted no later than March 31, 2011. Applications received after March 31st will be reviewed but may not be granted due to limited funds.

All information in this application will be treated confidentially.

Notice of Award

If awarded, a campership notification letter will be sent to the Committee Chairman of the unit. Letters will be mailed by the first week in May. We desire that all camperships be awarded with a minimum of publicity. Campership moneys are applied directly to the units billing statement.

No promise should be made to the applicant that they will receive a campership award. Camperships are not transferable. Please notify the Camping Secretary immediately should a campership recipient not attend camp, so the award can be re-distributed.



INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay his own way. The Council Camping Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character building opportunity for the Scout to learn the importance of being THRIFTY.

FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the child to attend camp.

UNIT ENDORSEMENT

This area is extremely valuable to the Council Camping Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's participation in the unit fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

Applicant's Name _____

Please Type or Print

Please check camp attending:

___ Beaumont Boy Scout Camp ___ Beaumont Webelos Camp ___ Tinnerman Canoe Base

___ Cub Scout Day Camp District: _____

Date of Camp (Session): _____

CAMPERSHIP REQUEST

Cost of Camp: \$ _____

Less Cost Provided by the Family: - _____

Less Cost Provided by the Unit: - _____

Less Cost Provided by the Chartered Partner: - _____

Net Campership Request: \$ _____

Briefly, explain what the Scout has done to earn a portion of his camp fee. Include Council, unit and individual fund raising activities.

Popcorn Sales Year(s): _____

FAMILY INFORMATION

This section must be completed by the Scout's family. Briefly, describe the circumstances that require campership assistance for the Scout to attend camp.

Total yearly net household income:

Under \$17,000	\$17,000 to \$23,000	\$23,000 to \$29,000
\$29,000 to \$34,000	\$34,000 to \$40,000	\$40,000 to \$47,000
\$47,000 to \$52,000	\$52,000 to \$60,000	Over \$60,000, list \$ _____

Name and Age of Other Children in the home: 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Parent Signature: _____ Date: _____

Applicant's Name _____

UNIT ENDORSEMENT

Please provide as much information as possible to assist the Council Camping Committee in evaluating this application.

Unit Leader Name: _____

Home Phone: _____ Work Phone: _____

Signature: _____
(Unit Leader) (Registered Position)

Is this Scout a newly registered youth? Yes - Date Registered _____ No

Registered youth members who cannot pay the full cost of attending council Scouting events may apply for limited financial assistance (campership). This fund assists deserving youth members to attend local council events with a percentage of the cost based on need, but is not intended to provide the full fee. Families, units and/or the chartered partner are expected to provide a substantial portion of the fee.
Campership is aid for only ONE camping experience.

Applicants for camperships **MUST** be a currently registered member of the Greater Cleveland Council, BSA. **Applications for unregistered persons and applications without proper signatures will be returned to the Committee Chairman.**



FOR COUNCIL USE ONLY:

Date Stamp

Approved _____ Disapproved-Reason _____

Amount: _____ Date: _____