



CAMPERSHIP POLICY AND APPLICATION

LOUISIANA PURCHASE COUNCIL
BOY SCOUTS OF AMERICA

PURPOSE FOR CAMPERSHIP: To provide financial assistance to deserving scouts, who otherwise may not be able to afford the cost of attending a camping program. These applications are confidential and are reviewed by the council camping committee.

PROGRAM POLICY AND APPLICATION:

1. Consideration will be given to Scouts whose unit has participated in the Annual Friends of Scouting Campaign, Popcorn sale and any supplemental fundraising opportunity organized to help him raise funds for camp.
2. A typical campership will not exceed 50% of the total camp fee and do not include the cost of a medical examination, equipment, transportation or other camping related needs. No FULL camperships will be approved.
3. Camperships are only made available to registered Boy Scouts and Cub Scouts in the Louisiana Purchase Council who are registered with a unit that has participated in any one of our annual council fundraisers and the Friends of Scouting campaign.
4. Campership applications MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE CAMPING EVENT BEING APPLIED FOR IN ORDER TO ALLOW SUFFICIENT TIME TO MAKE A FAIR DECISION.
5. Camperships are granted on verified need or hardship, and available funds. Each application is reviewed individually and must stand on its own merit. COMPLETION OF AN APPLICATION DOES NOT GUARANTEE A CAMPERSHIP GRANT. Going to camp is fun, not a need.
6. It is the belief of the committee that every scout should have the opportunity to attend council events. Our ability to assist deserving scouts is limited by the amount of donations received. The scout law states that "a scout is thrifty" and that every scout pays his own way; therefore Scouts should make every effort to earn as much of the camp fee as possible. In exchange for the campership, a scout may be asked to provide some service to the council or camp.
7. The Campership Application MUST BE COMPLETELY FILLED OUT and signed by both the parent/guardian and Scoutmaster or Cubmaster before it can be reviewed.

REMEMBER - THE APPLICATION MUST BE FILLED OUT AND HAVE ALL REQUIRED SIGNATURES AND BE RETURNED TO THE COUNCIL OFFICE AT LEAST 10 DAYS PRIOR TO THE CAMPING EVENT

CAMPERSHIP APPLICATION

(one Scout per application)

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND HAVE ALL REQUIRED SIGNATURES AND BE FORWARDED TO THE SCOUT OFFICE AT LEAST 10 DAYS PRIOR TO THE EVENT APPLYING FOR IN ORDER TO BE REVIEWED, NO EXCEPTIONS !!!

APPLICANT'S PERSONAL INFORMATION

Scout's Full Name _____ Pack or Troop Number _____

Mailing Address _____ Phone Number _____

City _____ State _____ Zip _____ DOB _____ Grade _____

Name of Parent or Guardian _____

Camping event scout will be attending _____ Date _____

Total Camp Fee _____ Total amount Scout can/will pay _____ Campership Request _____

The following information is required and must be completed:

Has your unit participated in the Annual Friends of Scouting Campaign? Yes No

Has your unit participated in Popcorn Sales or any supplemental fundraising opportunity organized to help raise funds for camp? Yes No

Please provide any information relating to the **need** (hardship) for the campership _____

What efforts has the Scout made to pay his own way _____

On behalf of my son _____
I am applying for this Campership. To the best of my knowledge, the information on this application is correct. I understand that the camping committee will review it and all information will remain confidential.

(please print full name)

date

Summary

Cost of Camp	\$ _____
Family Contribution	\$ _____
Pack/Troop Contribution	\$ _____
Amount from fundraisers	\$ _____
Campership Requested	\$ _____

Date Received in Scout Office _____

Campership requested for _____

The Scout's unit leader (Cubmaster or Scoutmaster) must complete the following information. The unit leader must approve the request in order to be considered for assistance. Upon approval, please forward this to the Scout office at the address below at least 10 days prior to the camping event.

As best you can, please describe the need for the Campership assistance for the Scout listed on this application

Do you feel this Scout qualifies for financial assistance?	Yes	No
Is the Pack/Troop contributing to his camp fee?	Yes	No
Did your unit participate in the Friends of Scouting Campaign?	Yes	No
Did your unit participate in Popcorn Sales?	Yes	No

To the best of my knowledge, the information on this Campership application is correct. I approve of this application for Campership assistance.

Unit Leader's Name _____ Pack/Troop # _____

Phone number _____ E-mail address _____

This application must be signed by both the parent/guardian and Cubmaster/Scoutmaster

Parent/Guardian Signature _____ Date _____

Unit Leader's Signature _____ Date _____

Please send completed form to: Louisiana Purchase Council, BSA
2405 Oliver Road
Monroe, LA 71201
or fax to 318-325-5050

This section for Service Center use only.	Campership is: Approved Not Approved
Date Received in the Council Service Center _____	Amount of Campership \$ _____
	Approved by _____
	Date approved _____