

GREAT SAUK TRAIL COUNCIL BOY SCOUTS OF AMERICA



CAMPERSHIP APPLICATION INFORMATION & INSTRUCTIONS

(Youth Member Camp Scholarship)

Application due to council by March 15

All four pages must be turned in.

GREAT SAUK TRAIL COUNCIL, BSA
1979 Huron Parkway
Ann Arbor, MI 48104

A campership fund has been established by the Great Sauk Trail Council to assist youth in need of support for a summer camping experience. To be eligible for financial assistance, the following guidelines must be met:

1. Applicant must be registered in the Great Sauk Trail Council and in good standing in his/her unit for at least 30 days prior to making application.
2. Eligibility is limited to:
 - A Council managed Day or Resident Camp
 - Official Council, District, Area or National Training Conference
 - Great Sauk Trail Council managed NYLT (National Youth Leader Training)
3. Applicant must be recommended by his/her Unit Leader and parent/guardian and the application must be signed by both.

We urge your assistance in making camperships available to youth who could not attend camp without them. Please review the youth in your unit and make recommendations for those in need of support. This information is confidential. An application must be submitted for each individual you deem in need of financial help and if there is more than one applicant, they should be ranked in order of need.

In keeping with the philosophy of “pay your own way”, each youth should pay a portion of the fee. The Council also reserves the right to consider the unit’s participation in Council administered product sales as demonstrating a concerted effort to raise these funds. His family and unit should also contribute to the cost of the camp experience. *Camperships awarded may be up to 50% of the total camp fee for Boy Scouts or Crew Members and will not exceed \$100.

Applications for campership aid must be submitted prior to **March 15th** to allow time for review and response. If approved, the campership amount will be sent to the Council that operates the Boy Scout camp at the end of the camp season or to the National Conference after attendance is confirmed. For Council camps, fees will be credited as camp payment in the scouts name with in this office. The campership is to a specific individual and is not transferable. Any exceptions to this payment schedule must receive approval by the Council Program Director. Past due submissions will be considered based on availability.

NOTE: There are other sources for camperships. Contact your local United Way for information.

For Committee / Office Use Only

Approved _____	Disapproved: _____
Date of decision: _____	Amount awarded: \$ _____
Date notified: Applicant: _____	Leader: _____

**TO BE COMPLETED BY PARENT OR GUARDIAN
PARENT OR GUARDIAN MUST COMPLETE ALL INFORMATION
TO DETERMINE ELIGIBILITY**

PLEASE PRINT

(One applicant only per form)

SCOUT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PARENT/GUARDIAN PHONE #: H: _____

DISTRICT: _____ UNIT # _____

DATE JOINED SCOUTING: _____ RANK _____

Did your family participate in fund raising? Yes No (if yes what type)

Popcorn Family F.O.S Spring product Sale Other _____

(Council Campership funds come from Popcorn, Family FOS, Spring Product Sales)

Please state specific reasons why your family needs assistance, not simply that the fee cannot be afforded. Use additional sheet if needed

Cost of camp \$ _____

A) Parent contribution \$ _____

B) Scout earned contribution \$ _____

C) Unit/Charter contribution \$ _____

Total funds available (add lines A, B & C) \$ _____

Amount of request \$ _____

I certify that the above information is correct.

SIGNED _____

PARENT OR GUARDIAN.

Camperships are provided to youth in need, without regard to race, color, or national origin.

**TO BE FILLED OUT BY UNIT LEADER OR CAMPERSHIP REPRESENTATIVE:
(ALL INFORMATION MUST BE FILLED IN TO BE CONSIDERED)**

PLEASE PRINT

UNIT CAMPERSHIP REPRESENTATIVE

NAME _____

PHONE: H: _____ B: _____

UNIT _____ POSITION _____

DATE _____ UNIT LEADER _____

Signature

Campership recommended by unit leader: Yes No

Unit leader comments: (attach additional sheets if necessary)

CAMP :(Choose One)

Camp Date:

Location:

Day Camp _____

Cub Scout Resident Camp _____

Boy Scout Summer Camp _____

NYLT or Other _____

Did the unit participate in council sponsored fund raising Yes No (if yes what type)

Popcorn Family F.O.S Spring product Sale Other _____

(Council Campership funds come from Popcorn, Family FOS, Spring Product Sales)