## CAMPERSHIP APPLICATION

Available to South Texas Council, Rio Grande Council, Alamo Area Council Youth Attending South Texas Council Camping Programs.

The purpose of the Campership (scholarship) Program is to provide opportunities for deserving youth to attend a camping program of the South Texas Council, Scouting America, who would otherwise not be able to meet the attendance fees. Details of need are handled in strictest confidence to avoid any embarrassment to the youth or family. All youth who receive a Campership are required to provide part of the total cost, which shall not be less than 25% of the total fees. The 25% deposit must be included with this application along with the unit share of the camp fee. (Maximum assistance is 75% of total discounted fee) If more than one youth in a family is applying, please complete one application per Scout. All information requested MUST be completed in full by parents or guardians.

Completed applications and deposits should be sent to the South Texas Council, Scouting America at least two weeks prior to the camp attending. Program (Pack, Troop, Crew, Ship, Post): \_\_\_\_\_ Unit #\_\_\_\_ District: \_\_\_\_ Council: \_\_\_\_ SCOUTS BSA: Summer Camp Winter Camp Mini Camp Cub Scouts: \_\_ Day Camp \_\_\_ Family Camp \_\_\_ Webelos/AOL Camp Other Event not listed: UNIT LEADER'S NAME (Please print)\_\_\_\_\_ ADDRESS LEADER'S PHONE NUMBER: E-MAIL ADDRESS Completion of this application does not automatically guarantee a Campership. Camperships are awarded, first, based on verified need and second, on the basis of funds available. Scout's Name \_\_\_\_\_\_Age\_\_\_\_\_\_Rank\_\_\_\_\_ Address\_\_\_\_\_City\_\_\_\_ \_Zip\_\_\_\_ REASON(S) FOR CAMPERSHIP REQUEST: (Check all that apply) \_Parent(s) currently unemployed or under employed. Monthly Family Income \$\_\_\_\_\_ Number of people in immediate family (MUST specify number) Extreme illness in immediate family, with accompanying financial burdens Combination of above reasons \_\_Other\_\_\_\_ Parents or guardian: Name \_\_\_\_\_\_Signed\_\_\_\_\_ Parent or guardian email address: \_\_\_\_\_\_ Phone #\_\_\_\_\_\_ Unit Leader approval signature: \_\_\_\_\_ (MUST BE SIGNED BY BOTH---PARENTS OR GUARDIAN AND BY UNIT LEADER) NOTE: CAMPERSHIP GRANTS DO NOT INCLUDE THE COST OF MEDICAL EXAMINATION, EQUIPMENT OR OTHER **NEEDS. FULL FEES IF PAID BY DEADLINES:** Total camp fee if paid on time: (Maximum campership is75% of total fee) Family's share of camp fee......\$\_\_\_\_\_(25%) Share of camp fee from unit or other source(s).....\$ Amount requested from Campership fund......\$\_\_\_ Yes, applicant's family participated in council-wide fundraisers (popcorn sale, camp cards) OFFICE USE ONLY: Application approved by: \_\_\_\_\_\_Date: \_\_\_\_\_ Amount approved: \$ DATE NOTICE WAS SENT TO UNIT LEADER Return completed application by mail or in person to South Texas Council, Scouting America, 700 Everhart Rd., Bldg. A, Corpus Christi, Tx 78411 or you may email to samula.jackson@scouting.org.