

# Campership Application

Texas Trails Council, 3811 North 1<sup>st</sup> Street, Abilene, Texas, 79603

Applications must be turned into Council

NO LATER THAN 14 DAYS BEFORE THE BEGINNING OF CAMP

IF THE CAMP IS A SUMMER RESIDENT CAMP OR SUMMER DAY CAMP NO LATER THEN APRIL 30<sup>TH</sup>

Directions:

1. Please PRINT all information.
2. Unit Representative must complete the application.
3. Completion of this form DOES NOT guarantee a campership. Camperships are made on the basis of verified need, Scout popcorn sales, family help, troop help, and chartered organization help and on the basis of funds available.
4. Campers must be currently registered in the Unit stated on this application and must be attending a Texas Trails Council, BSA event during the CURRENT calendar year.
5. **Please attach a signed letter from Parent or Guardian stating reason campership is required.**
6. The maximum amount of campership funds granted is 33% of the total camp fee, although a greater amount may be granted under exceptional circumstances if available. A granted campership in the applicant's name that is not used in the current year is not transferable to the following year. Camp fees do not include activity fees.
7. Unit leaders will be notified of application decision.

Camp you are applying for: \_\_\_\_\_

Dates attending camp: From: \_\_\_\_\_ To: \_\_\_\_\_

Pack # \_\_\_\_\_ Troop# \_\_\_\_\_ District \_\_\_\_\_ Date of application \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Last year's total household income? \_\_\_ under \$25,000 \_\_\_ \$25,000 - \$50,000 \_\_\_ \$50,000 - \$75,000 \_\_\_ over \$75,000

Total Camp Fee.....\$ \_\_\_\_\_

Scout's share of camp fees.....\$ \_\_\_\_\_ (Popcorn/Camp card sales/fundraising)

Family's share of camp fees.....\$ \_\_\_\_\_ (Required)

Share of camp fees from unit.....\$ \_\_\_\_\_ (Required)

Share of camp fee from Charter Partner or other source.....\$ \_\_\_\_\_

Amount requested from the Campership fund.....\$ \_\_\_\_\_

Certification: I hereby certify that to best of my knowledge, the reason given for this campership request is accurate. Two signatures are required – **Unit Leader** and Committee Chairman or District Representative.

Unit leader, Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Unit leaders information: Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Position \_\_\_\_\_ Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Office use only

Applicant approved for :	\$ _____	Date: _____	Initials: _____
Application NOT approved		Date: _____	Initials: _____