

Activity: (Circle One)  Cub Scout Adventure Camp  Camp Massawepie  NYLT  Philmont Council Contingent  
 National Jamboree  Other \_\_\_\_\_

Pack Number: \_\_\_\_\_ or Troop Number: \_\_\_\_\_

**DISTRICT:**  Bay Waters  Black Creek  Lighthouse  Genesee Crossroads  Towpath

The campership program is to help an individual member attend Massawepie Scout Camps, Cub Adventure Camp or other Otetiana Council sponsored activities after all other sources of funding are exhausted. ***It is expected that each person pay part of the fee.***

**DIRECTIONS:**

- SUBMIT ONE FORM PER FAMILY.** The unit should keep the goldenrod copy.
- Indicate dollar amounts in each column.
- Explanation of need must be completed in detail.
- Parent or guardian **AND** unit representative must sign application.
- Submit completed & signed applications to the Camping Dept. by April 15<sup>th</sup>.
- Families on Public Assistance **MUST** include case number.

**Signature of parent or guardian**

X \_\_\_\_\_

Name of Scout	Activity	Council Camp Fee	Amt. Family can pay	Amt. Unit can pay	Amt. Scout can pay	Amt. Other can pay	Campership Requested	(office use only) Amount Approved
1.								
2.								
3.								
Example: Joe Smith	Massawepie	See Attached	\$ Amt.	\$ Amt.	\$ Amt.	\$ Amt.	Difference	

- Does your unit participate in Council annual popcorn sale? **Yes No.** If yes, did the above Scout(s) sell? **Yes No**
- Has/have the Scout(s) participated in any other unit fundraiser? **Yes No.** How much is applied to camp fees? \_\_\_\_\_
- Is the family on public assistance? **Yes No.** If yes, what is the Case Number? \_\_\_\_\_

**HOUSEHOLD INCOME: (please check one)** **Number of family members residing in house** \_\_\_\_\_

\_\_\_\_ Under \$20,000    \_\_\_\_ Between \$20,000-\$30,000    \_\_\_\_ Between \$30,000-\$40,000    \_\_\_\_ Between \$40,000-\$50,000    \_\_\_\_ Over \$50,000

**EXPLANATION OF NEED – This explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parents or Guardian Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, ZIP** \_\_\_\_\_

**ENDORSEMENT:**  
 Unit Representative's Signature \_\_\_\_\_ Position: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_  
**CAMPERSHIP COMMITTEE APPROVAL:** \_\_\_\_\_ Date: \_\_\_\_\_