

**2012 APPLICATION FOR
CONSIDERATION OF A CAMBERSHIP**

Camperships are awarded upon approval by the Council Campership Committee. Camperships are limited to a maximum of 50% of the Registration fee for the program the Scout is attending up to a maximum of \$60.00.

Due to the limited amount of funds available for camperships, please provide as much information as possible when completing this form so that Camperships can be awarded to the neediest of our Scouts.

All information provided in this application will be kept in confidence.

Scout's Name: _____ Age: _____

Pack # _____ Troop # _____ Team # _____ Crew # _____ Post # _____

Address: _____ City _____, IL Zip _____

Parent/Guardian Name(s): _____

E-mail : _____

Please print clearly as your confirmation if approved will be sent via e-mail

Phone (Evening) (____) _____ - _____ Phone (Day) (____) _____ - _____

Please check which camp Scout will be attending:	
<input type="checkbox"/>	Cub Scout Day Camp
<input type="checkbox"/>	Cub/Parent Weekend In Illinois
<input type="checkbox"/>	Cub Scout 4 Day 3 Night Adventure Camp
<input type="checkbox"/>	Boy Scout Camp Shin Go Beek
<input type="checkbox"/>	Boy Scout Camp Mach Kin O Siew

State reason(s) why Campership is being requested (be specific):

Why do you want your son to attend Summer Camp?

How will the Scout be earning his portion of the Camp Fee?

Number of people in household _____ Approximate annual family income \$ _____

List the amount each of the following will be paying towards the camp fee:

\$ _____ Scout \$ _____ Family \$ _____ Unit

\$ _____ Other, be specific _____

Our unit participates in : _____ Friends of Scouting _____ Popcorn Sale

Amount of Campership Requested: \$ _____

Have the Scout complete this question:

Why do you want to go to Summer Camp?

Parent/Guardian's Signature _____ Date _____

Unit Leaders Certification:

I certify that this Scout is properly registered in our unit and is currently planning on attending the Summer Camp Program as indicated.

_____ Date _____ Unit _____

Unit Leader's Signature

Applications for Camperships will be awarded based on need. Upon approval of your campership you will receive notification via e-mail. Your printed copy of this e-mail needs to accompany your camp payment.

Please send completed Campership applications to:

Des Plaines Valley Council, BSA
811 West Hillgrove, LaGrange, IL 60525
or form may be faxed to:708-354-3615.

For office use only!

Date Received _____ Date Recorded _____ Amount Granted _____

Approved by: _____ Date _____