

2015 CUB SCOUT CAMBERSHIP APPLICATION

\*\* Intended for youth only\*\*

DEADLINE for submitting applications is MAY 1, 2015

All information requested on this application will be kept strictly confidential. Applications must be filled in completely with all requested information in order to be considered or they will be returned.

SECTION A (TO BE COMPLETED BY PARENT)

Camper's Name \_\_\_\_\_ Unit # \_\_\_\_\_ Camp Attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

# And age of siblings \_\_\_\_\_ Any going to camp? \_\_\_\_\_

Total Camp Fee \$ \_\_\_\_\_ (Do not add the late fee on to the camp fee amount)

Camper can pay: \$ \_\_\_\_\_ Family Can Pay \$ \_\_\_\_\_ Unit Can Pay \$ \_\_\_\_\_

Amount of Campership requested: \$ \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION B (TO BE COMPLETED BY PARENTS)

Why is this Campership needed? Please give as much information as possible as to the specific details of the hardship that makes this request for a Campership necessary this year.

Multiple horizontal lines for writing the response to Section B.

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**SECTION C (TO BE COMPLETED BY UNIT LEADER)**

Does your unit use a savings plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your unit have fund raising to help youth go to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Did this applicant participate? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your unit participate in Family Friends of Scouting (FOS)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your unit participate in the annual Trail's End Popcorn Sale? Yes \_\_\_\_\_ No \_\_\_\_\_

**GIVE REASONS WHY CAMBERSHIP IS NEEDED. PLEASE BE SPECIFIC WHAT THE HARDSHIP IS.**

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Unit Leader's Name (printed) \_\_\_\_\_ Position \_\_\_\_\_

Unit Leader's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**ALL CAMBERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:30 pm MAY 1, 2014 AT THE CENTER FOR SCOUTING. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

**Send to: Bay-Lakes Council  
PO Box 267  
Appleton, WI 54912-0267**

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Date Received \_\_\_\_\_ Amount of Campership \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Date mailed to Leader \_\_\_\_\_