

2009 CAMPERSHIP APPLICATION

DEADLINE MAY 1. 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.

SECTION A (TO BE COMPLETED BY PARENT)

Camper's Name _____ Camp Attending _____
Address _____ City _____ St _____ Zip _____
Father's Name _____ Phone _____ Occupation: _____
Mother's Name _____ Phone _____ Occupation _____
and age of siblings _____ Any going to camp? _____ Camp Fee: \$ _____
Amount Requested: \$ _____ Camper Pays: \$ _____ Family Pays: \$ _____ Unit Pays: \$ _____
Parent's Signature _____ Date _____

SECTION B (TO BE COMPLETED BY YOUTH)

Check one: Boy Scout _____ Venturer _____ Troop or Crew # _____
Rank in Scouting _____ Dates you are Attending Camp _____
Did you earn money to help pay for summer camp? Yes _____ No _____
How did you earn the money? _____
What activities are you involved in? _____
Why do you want to attend summer camp? _____
Are you active in Scouting all year long? Yes _____ No _____

Applicant and family must also complete Section C on the reverse side of this application explaining why a campership is needed.

SECTION C (TO BE COMPLETE BY APPLICANT AND FAMILY)

Please give details as to why a campership is being requested:

SECTION D (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 _____

Please add any additional information or details regarding this campership:

Unit Leader's Name _____ Position _____

Unit Leader's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

ALL CAMPERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:30 pm MAY 1, 2009 AT THE CENTER FOR SCOUTING. LATE APPLICATIONS WILL NOT BE CONSIDERED.

**Send to: Bay-Lakes Council, BSA
Att: Campership Request
P.O. Box 267
Appleton, WI 54912**

Date Received _____ Amount of Campership _____

Reviewed by _____ Date _____

Date Mailed to Leader _____