

Leatherstocking Council 2018 Campership Application

The Council Campership Program was created to give families with financial need assistance in attending summer camp. A majority of the funding for this program has come from the generous donations from the local community and Scouting alumni and includes Operation Sunshine, the O'Conner Foundation, and the Scriven Foundation.

Eligibility

Financial need is defined as having an annual family gross income of less than \$40,000. However, families with an annual income in excess of \$40,000 with extraordinary financial or personal circumstances are still encouraged to apply and to submit a letter in support of their application explaining their need.

Application and Disbursement Schedule

Applications will be accepted beginning **February 1, 2018 through April 15th**. Applications after The disbursement schedule for approved applications will be as follows:

Units and families will be informed of any awards prior to the May 1st payment deadline for resident camps.

Award Details

The Council is committed to helping all of our youth attend summer camp. However, **by submitting an application your award is not guaranteed**. Preference in awards will be given to families who demonstrate extreme financial hardship. If you have youth who may require assistance to attend camp **we strongly recommend** that your unit participates in Council and unit fundraising events to help them offset the cost of attending camp. These include the popcorn sale and camp card sale.

The award amounts this year will be based on need and availability and typically range from \$25 to the full amount.

Applicants who are attending a Scout camp outside of our Council will need to submit proof of the cost for camp with their application.



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Leatherstocking Council 2018 Campership Application

This form may be submitted to the Council Office at 1401 Genesee Street, Utica, NY 13501 at any time beginning February 1, 2018 but no later than April 15, 2018. Applications will continue be accepted until funds are exhausted.

_____ I am willing to share my story to help promote our community partners efforts in raising funds for camp

Applicant Information

Camper's Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone Num. _____ Birth Date _____ Unit _____ District (circle)
ADK/PH/DS/FH

Camp Attending _____ Dates of Attendance _____

Family Information (All information is kept confidential)

Mother's/Guardian Occupation _____ Full Time/Part Time (Circle)

Father's/Guardian Occupation _____ Full Time/Part Time (Circle)

Family Gross Annual Income \$ _____

Additional Information: use space below or attach additional sheet with any special information which may help.

Request Calculation

While it is strongly suggested that a youth seek funding in all of the following categories, it is not required for the application. Please use this form to calculate the amount requested from the Campership Program. **Be aware that the typical campership award for a Boy Scout is \$150 and for a Cub Scout is \$125, and day camp is \$50. Additional funds can be awarded based on need.**

Total Camp Fee Due \$ _____

Total Fundraising Support (Camp Cards/Popcorn/Unit) **Less** \$ _____

Total Direct Unit Contribution **Less** \$ _____

Total Parental Contribution **Less** \$ _____

Total Campership Requested \$ _____

Certifications

As the parent/guardian of the above applicant, by signing this document I certify that the above information is correct to the best of my knowledge. I understand that in the event that the above applicant does not attend summer camp I will be require to return any funds received and may be liable for any late or cancellation charges assessed by the camp. I understand that my award is not guaranteed and that if my award is approved I may receive any amount up to the requested amount.

Parent/Guardian Print Name

Parent/Guardian Signature Date

As the Unit Leader, by signing this document I certify that the above applicant has demonstrated financial need and a positive Scouting attitude. I support, without hesitation, his/her application for assistance.

Unit Leader Print Name

Unit Leader Signature Date