

2014 CAMPERSHIP APPLICATION

HOUSTONIC COUNCIL, BOY SCOUTS OF AMERICA

(DEADLINE APRIL 30, 2014)

Scouts Name: _____ Age (as of 7/1/2014): _____ School name _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Unit #: _____ Troop Pack Crew (circle one)

Parent, briefly explain your need for Campership assistance: _____

Scout is planning on attending: _____ week(s) of camp. Application has been submitted: Yes No

Applying for: () Boy Scout week of _____

() Webelos/Cub Scout Resident Camp _____

() Cub Scout Day Camp week of _____

There are _____ persons that reside in my household. Our annual household income is \$ _____

I will be paying: \$ _____ Towards my son's week at camp

Our Pack/Troop will pay: \$ _____ Towards my son's week at camp

I am requesting a Campership of: \$ _____ Towards my son's week at camp

NOTE: A camp application must be attached with a \$25.00 Deposit or Campership funding will not be approved.

I understand that this is an application, and in no way guarantees a Campership. I further understand that Housatonic Council ordinarily awards partial Camperships in belief that most Scouts can and should earn part of their camp fee. Campership assistance is open to all scouts attending Housatonic Council camps.

Parents Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Parents Signature: _____ Cell Phone: _____

Does your child receive free or reduced lunch at school? (Circle one) YES NO

Please attach the cover page of your most recent 10-40 and recent pay stub and/or proof of unemployment.

Mail to: **Housatonic Council, BSA**
111 New Haven Avenue
Derby, CT 06418

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This applicant is a registered Scout within my unit:

Unit Leader's Signature: _____ Date: _____

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Service Center Use Only

Date Received in Office: _____ Amount Paid: \$ _____

Campership Amount Paid: \$ _____ Amount Awarded: \$ _____ Amount Due: \$ _____