



HOUSATONIC COUNCIL, B.S.A.

- 2014 CAMBERSHIP APPLICATION -

DEADLINE: APRIL 30, 2014

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

School Name _____

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

Telephone #: _____ Unit #: _____ Troop Pack Crew

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 Camp week of: July 6-12 July 13-19 July 20-26 July 27-August 02
- () Webelos/Cub Scout Resident Camp for: Half-Week Full-Week
- () Cub Scout Day Camp week of: July 14-18 July 21-25

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 the amount
of: \$ _____ towards my son's week at camp. I am requesting a Campership in the amount 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? YES NO

Please attach the cover page of your most recent 10-40 and recent pay stub and/or proof of unemployment to this
form and mail it to: **Housatonic Council BSA, 111 New Haven Avenue, Derby, CT 06418**

This applicant is a registered Scout within my unit.

Unit Leader's Signature

Date

Service Center Use Only

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

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