Rio Grande Council - Campership Application

(Please Print All Information)

Applicants Name: ________________________________ Age: ____ Rank: _______________________
Address: ______________________________  City: ___________________________ Zip:____________
Troop or Crew #: ________  District:___________________________________________
Dates planned to attend Boy Scout @ Camp Perry____________________________________________
Dates planned to attend Boy Scout Camp @ Laguna Station  _____________________________________
Unit leader name:    __________________________________________________
Unit leader daytime phone number: ________________________ Evening: _________________________

The purpose of the Campership Program is to provide opportunities for deserving boys to attend a summer
 camping program of the Rio Grande Council, BSA, who would otherwise not be able to meet the
 attendance fees. Details of need are handled in strict confidence to avoid any embarrassment to the boy or
 family.

- All youth who receive a Campership grant are required to provide part of the total cost
- $10.00 MUST be included with the application
- Maximum grant is 50% of camp cost
- All information requested must be completed by parent or guardian
- Completed applications should be submitted to Rio Grande Council office 2 weeks before boy
 plans to attend camp
- Applications will be considered as long as funding is available

Completion of this application does not automatically guarantee a campership grant. Grants are awarded,
 first, on the basis of verified need, and second, on the basis of funds available.

Reason For Campership Request:

- Parents currently unemployed  __  Single Parent with minimal income
- Number of people in immediate family  __  Large immediate family with minimal income
- Extreme illness in immediate family  __  Other:  ______________________________
- Combination of above reasons

Do you receive Food Stamps and/or Aid to Families with Dependent Children? Yes__    No __

Parent or Guardians signature: __________________________________________

Unit leader approval signature: __________________________________________

Note: Campership grants do not include the cost of medical examination, equipment, or other needs.

Total camp fee if paid by discount deadline: $_________
Family’s share of camp fee………………………………… $_________
Share of camp fee from unit or other source…………………… $_________
Amount requested from Campership fund………………………… $_________

OFFICE USE ONLY

Application approved by: ________________________________ Date: ___________
Amount approved and credited to boy and Unit:__________________________