

2010 Campership Application

Pack #: _____ Troop # _____ Team # _____ Crew # _____

APPLICANT INFORMATION

Scout's Legal Name: _____ DOB: __/__/__

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ County: _____

Parents Name(s): _____

District (see page 2 for map):

- | | | | |
|-----------------|---------------|-----------|----------------|
| Big Muddy | Blue Elk | Kaw | Lone Bear |
| North Star | Northern Tier | Pelathe | Pioneer Trails |
| Red-Tailed Hawk | Thunderbird | Trailhead | Trails West |
| | Twin Rivers | | |

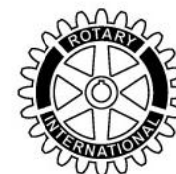
CAMP PROGRAM (check one)

- | | |
|---|---|
| <input type="checkbox"/> Bartle Boy Scout Camp | <input type="checkbox"/> Naish Boy Scout Camp |
| <input type="checkbox"/> Webelos Resident Camp | <input type="checkbox"/> Bear Resident Camp |
| <input type="checkbox"/> Rotary Scout Camp | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Cub Scout Day Camp - District: _____ | |



Return completed application no later than **March 31, 2010** to:

Heart of America Council
Boy Scouts of America
10210 Holmes Road
Kansas City, MO 64131-4212



Campership Questions: (816) 569-4928, Fax: (816) 569-4981



GENERAL INFORMATION

Note: Funds available for Camperships covered by this application come from funds restricted for use for **youth members** of the Heart of America council attending Heart of America Council camp activities on **Council operated properties** and District Cub Scout Camps. Please read all instructions completely and fill in all spaces. Do not include extra paper with this application.

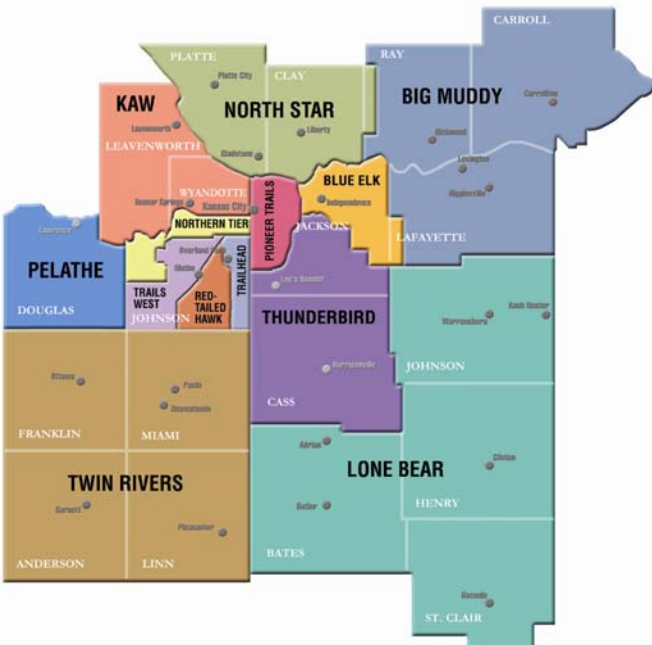
The Council Camping Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom this request is made.

Generally, camperships are limited to no more than 75% of the activity cost. Each Scout, his family, or his unit should provide a minimum of 25% of the activity cost.

Camperships are not transferable, refundable and have no cash value.

Applications must be submitted no later than March 31, 2010. Applications received after March 31st will be reviewed, but may not be granted due to limited funds.

All information in this application will be treated confidentially.



INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay his own way. The Council Camping Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character building opportunity for the scout to learn the importance of being THRIFTY.

FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the Scout to attend camp.

UNIT ENDORSEMENT

This area is extremely valuable to the Council Camping Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's participation in the unit fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

Scout's Name _____

Please circle camp attending:

Bartle Boy Scout Camp	Naish Boy Scout Camp	Webelos Resident Camp
Bear Resident Camp	Rotary Scout Camp	Other (Specify) _____
Cub Scout Day Camp - District: _____		

Date of Camp (Session): _____

CAMPERSHIP REQUEST

Cost of Camp:	\$ _____
Less Cost Provided by the Family:	- _____
Less Cost Provided by the Unit:	- _____
Less Cost Provided by the Chartered Partner:	- _____
Net Campership Request:	\$ _____

Briefly, explain what the Scout has done to earn a portion of his camp fee. Include Council, unit, and individual fundraising activities.

Popcorn Sales Year(s): _____

FAMILY INFORMATION

This section must be completed by the Scout's family. Briefly, describe the circumstances that require campership assistance for the Scout to attend camp.

Total yearly net household income (circle one):

Under \$17,000	\$17,000 to \$23,000	\$23,000 to \$29,000
\$29,000 to \$34,000	\$34,000 to \$40,000	\$40,000 to \$47,000
\$47,000 to \$52,000	\$52,000 to \$60,000	Over \$60,000, list \$ _____

Name and Age of Other Children (under 18) in the home:

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

In most cases camperships are not granted to those families who have an income over \$60,000.

Parent Signature: _____ Date: _____

