

Camp Rockefeller Campership Application - 2010

PURPOSE:

To provide the opportunity to attend summer camp to deserving, disadvantaged youth. (In administering funds provided by generous people, great care must be exercised so that only those youth who need and deserve such help shall be aided, and that information is handled so as not to cause embarrassment to the youth or his/her family.)

In keeping with the Ninth point of the Scout Law, "A Scout is Thrifty," recipients will be required to provide one half of the fee. This can be paid by the family or "earned" by the Scout by participating in a unit money earning project such as selling popcorn.

Applications should be returned to your District Camping Committee as soon as possible because funds are limited. Applications approved by the camping chair may be submitted to the Reservations Department at the council office.

Scout's Name _____

Parent Phone No. () _____

Address _____

City _____ Zip _____

Pack _____ Troop _____ Team _____ Post _____
(Enter Unit Number)

DATES ATTENDING CAMP: _____

_____ Boy Scout Summer Camp

_____ Cub/Webelos Resident Camp

Total fee for camp: \$ _____

Dollar amount to be supplied by youth/adult/family \$ _____

Amount supplied by unit or chartered partner \$ _____

Additional amount requested from Campership funds \$ _____

State specific reason for need of this campership:
(Information will be kept in strict confidence.)

Signature of Parent or Guardian: _____

(Unit Leader Signature)

Phone Number: _____

By signing this application, the Scoutmaster/Cubmaster verifies the need for the award as stated above and that the applicant meets the qualifications listed below:

1. The Scout is active in the unit, attending the majority of unit meetings and activities.
2. The Scout understands and demonstrates Scout Spirit.
3. The Scout shows an interest in advancement.

Additional Comments:

District Name: _____

District Camping Committee Chairperson Approval: _____
(Signature)

SPECIAL NOTE TO UNIT LEADERS: The unit leader will be notified when funds are allocated. We request you follow up with the youth and his parent(s) to assure their portion of the fee is paid before June 1st. If additional fees are not paid by June 1st, the request may be canceled and reassigned.

(FOR OFFICE USE ONLY)

Date application received: _____

Amount of payment with Application: _____ Receipt No. _____

Council Action: Amount approved: _____ Date: _____