

Quapaw Area Council Campership Application

**Purpose: To provide every Quapaw Area Scout the opportunity to attend camp or training.
*Troops that apply for Camperships must sell Camp Cards and/or Popcorn.***

The camp scholarship program is made possible through the generosity of people who donate funds to the Friends of Scouting Campaign. These scholarships are available only to registered Quapaw Area Council Scouts who have a legitimate financial need. All information is handled with confidentiality.

In keeping with the Ninth point of the Scout Law, "A Scout is Thrifty," recipients are required to provide part of their camp fee. This can be paid by the family or earned by the Scout through participation in a money earning project such as selling popcorn or camp cards.

Applications submitted at least 30 days in advance will qualify for a maximum of 50% of the camp or activity fee.

Applications received after 30 days in advance will qualify for a maximum of 33% of the camp or activity fee.

Scout's Name: _____

Parent Name: _____

Phone Number: (____) _____ Email: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Pack _____ Troop _____ Crew _____

EVENT NAME: _____

EVENT DATES: _____

Total fee for event: \$ _____

Amount supplied by troop, youth or family: \$ _____

Balance Due requested from Campership funds: \$ _____

Did Pack/Troop sell camp cards? _____ Yes _____ No

Did Pack/Troop sell popcorn? _____ Yes _____ No

If no, applicant is not eligible for a campership. If the applicant is new to the Boy Scouts of America this year, then this requirement is waived.

State the specific reason/ need for a campership:
(All information strictly confidential)

Signature of Parent or Guardian _____

By signing this application, I hereby verify the need for the award as stated above and that the applicant:

- Is active in the unit, attending the majority of unit meetings and activities
- Understands and demonstrates Scout Spirit.
- Shows an interest in advancement.

Signature of Unit Leader: _____

Unit Leader Phone Number: (_____) _____

Unit Leader Email: _____

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 cancelled.

District Executive Signature: _____

Date application received: _____

Amount of payment with Application: _____ Receipt No.: _____

Campership Amount Awarded: _____ Date: _____

Program Director Approval: _____