

CAMPERSHIP APPLICATION

The Longhouse Council Campership Fund was established to assist Scouts who, without financial assistance, would not be able to attend camp. We sincerely believe that all Scouts need an outdoor experience to grow in the Scouting program. The funds used for the Camperships are raised through various sources including the BOYPOWER Coin sales made possible through the generous donations of Toshiba Business Solutions. It is for this reason we ask that only those with true needs apply for a Campership.

There are several points to keep in mind as you complete the application:

- Camperships are only available for “in Council” camps.
- NO deposit is required, and NO money should be sent with this completed application.
- Amount requested does not guarantee the campership amount.
- Camperships cover only one week of camp, per season, and per applicant.
- The Scout and his family must complete the first section.
- ALL questions must be answered. **Incomplete applications will be returned.**
- All applications are considered based on the information supplied.
- The application MUST be submitted to the address below BEFORE April 30th, to be considered. **Applications received after this date will be considered only if funds become available.**

If you have further questions concerning the Longhouse Council Campership program, please direct them to Ellen Tyler 315-463-0201 (103) or Ellen.Tyler@scouting.org

Yours in Scouting,

Brian Bay
Vice President of Camping/Outdoor Adventure

Submit completed application for consideration to:
Longhouse Council Campership Fund
Boy Scouts of America
2803 Brewerton Road
Syracuse, NY 13211

CONFIDENTIAL CAMBERSHIP APPLICATION

Please print clearly

This section to be completed by the SCOUT and his FAMILY:

Scout's Name: _____ Age: _____

Address: _____

City, State: _____ Zip: _____

Pack/Troop/Crew #: _____ District: _____

Please check camp attending:

- Sabattis Scout Reservation "Marmaduke" Trek Center
- Scouts BSA Day Camp Cub Scout Day Camp Cub Scout Twilight Camp

Dates attending camp: _____

If I receive a Campership, I will participate fully in the camping program, remain active and support my unit, and live up to the ideals of Scouting.

Signed by Scout: _____ Date: _____

To be completed by PARENT or GUARDIAN:

Family Size: Adults _____ Children _____ Annual income \$ _____

Does the family receive any type of public assistance? Yes ___ No ___ Type _____

Have you requested assistance from your case worker? Yes ___ No ___

Tell us of special circumstances why a Campership is needed: (attach separate sheet if necessary) _____

Total Fee for camp:..... \$ _____

Unit/Other contribution:..... \$ _____

Amount of Campership Request..... \$ _____

Signed by Parent/Guardian: _____ Date: _____

To be completed by UNIT LEADER or COMMITTEE CHAIR:

Our Unit sells Popcorn: Approximate raised \$ _____

Our Unit participates in Friends of Scouting: Approximate Contribution \$ _____

Our Unit provides Community Service: Approximate hours _____

Signed for Unit: _____ Date: _____

Unit Position: _____ Phone: _____