

# CAMPERSHIP APPLICATION

## CONFIDENTIAL

**DATE:** \_\_\_\_\_

The purpose of the campership is to provide assistance to Scouts who need it. Funds are made available through special fundraising efforts and from the council's operating budget. **This program is not intended to provide all of the camp fees. EVERY SCOUT MUST EARN HIS WAY TO CAMP.** Paying a boy's way to camp is a joint effort of the Scout, the unit, chartering organization, the Scout's family, and the campership program. A down payment of \$5.00 for Cub Scouts and \$15.00 for Boy Scouts **MUST** accompany this form. This application must be completed by the parents and returned to the Council Service Center **NO LATER THAN JUNE 1.**

**RETURN TO: CAMPERSHIPS, MILWAUKEE COUNTY COUNCIL, 330 S. 84<sup>TH</sup> ST., MILWAUKEE, WI 53214**

Unit #: \_\_\_\_\_ District \_\_\_\_\_

Scout's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Total Yearly Family Income** \_\_\_\_\_

Unit Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Chartering Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

- ❖ Scouts awarded camperships are not permitted any other discount on their camp fees.
- ❖ Please keep all camperships confidential.
- ❖ Notification of the campership will be sent to the unit leader who will be responsible for informing the Scout. Balance must be paid by the designated deadline.
- ❖ Unit leader attests that the applicant is a registered member of the Milwaukee County Council and has genuine financial need.

**CAMP ATTENDING ~ PLEASE CHECK ONE:**

\_\_\_ CS ONE DAY CAMP \_\_\_ CS THREE DAY CAMP \_\_\_ CS PARENT/SON WEEKEND \_\_\_ CS RESIDENT CAMP \_\_\_ BS SUMMER CAMP

- |  |       |
|--|-------|
| 1. AMOUNT OF CAMP FEE                                    | _____ |
| 2. AMOUNT OF CAMPERSHIP ASSISTANCE REQUESTED             | _____ |
| 3. AMOUNT OF MONEY SCOUT WILL EARN <b>(REQUIRED)</b>     | _____ |
| 4. AMOUNT OF MONEY FAMILY WILL PROVIDE <b>(REQUIRED)</b> | _____ |
| 5. AMOUNT UNIT WILL CONTRIBUTE <b>(OPTIONAL)</b>         | _____ |
| <b>TOTAL</b>   | _____ |

Reason for Requesting a Campership \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_