

Mohegan Council, Boy Scouts of America
Application for Campership Assistance

DUE: May 15, 2009

PROGRAM ASSISTANCE NEEDED FOR: (check one- ONLY ONE CAMBERSHIP for one camp will be considered)

- _____ TVSR Boy Scout Resident Camp - \$310
- _____ TVSR Cub Scout Day Camp - \$210
- _____ TVSR Webelos Resident Camp - \$185 for Week 1
- _____ TVSR Webelos Resident Camp - \$265 for Week 2

SCOUT'S NAME: _____ PACK/TROOP #: _____

SCOUT'S ADDRESS: _____ PHONE #: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

SCOUT'S DATE OF BIRTH: _____ PARENT / GUARDIAN NAME: _____

- NUMBER OF CHILDREN IN FAMILY: _____ ANNUAL FAMILY INCOME: (check one)
- \$10-\$20,000
 - \$21-\$30,000
 - \$31-\$40,000
 - \$41-\$50,000
 - \$51-\$60,000

Please describe, in general, the terms needed for financial assistance for this Scout:

HOW MUCH WILL THE FAMILY CONTRIBUTE? \$ _____

HOW MUCH WILL THE UNIT CONTRIBUTE? \$ _____

DID THE SCOUT PARTICIPATE IN THE SCOUT POPCORN SALE? (CIRCLE ONE) YES / NO

DOES YOUR UNIT PARTICIPATE IN FOS? (CIRCLE ONE) YES / NO

HAS ANY OTHER CAMBERSHIP ASSISTANCE BEEN REQUESTED? (CIRCLE ONE) YES / NO AMOUNT: \$ _____

SOURCE OF OTHER CAMBERSHIPS: _____

PLEASE NOTE: Campership funds are very limited. It is the policy of the Mohegan Council not to grant full camperships. Each Scout should earn a portion of his camp fee by participating in unit fundraisings: Popcorn Sale and others. Page 2 of this form **must** be completed by Unit Leader. Notice of acceptance will be mailed to Scout's home address as listed at Council.

AMOUNT OF ASSISTANCE REQUESTED FOR THIS SCOUT: \$ _____

THIS FORM SUBMITTED BY: _____

Signature Page 1 of 2

Printed Name

Date

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The following information must be completed by the Scout's Unit Leader (Cubmaster/ Scoutmaster). The request must be approved by the unit leader in order to be considered for assistance. Upon approval, please forward this application to the Mohegan Council at the address below.

As best as you can, please describe the need for Campership assistance for the Scout listed on this application:

Does this Scout qualify for other financial assistance? (circle one) YES / NO

If yes, what is the amount being contributed: \$ _____

Did your unit participate in the Scout Popcorn Sale? (circle one) YES / NO

Did your unit conduct a Family Friends of Scouting Campaign? (circle one) YES / NO

“TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS CAMPERSHIP APPLICATION IS CORRECT. I APPROVE TO THIS APPLICATION FOR CAMPERSHIP ASSISTANCE.”

**Note: without Unit Leader's signature
this application will not be approved.**

Unit Leader's Signature

Date

Completed form must be received no later than May 15, 2009:

Mohegan Council, BSA
Attn: TVSR Camperships
19 Harvard Street
Worcester, MA 01609
Phone 508-752-3769 * Fax 508-752-3047

THIS SECTION FOR COUNCIL USE ONLY

Date Received: _____

Campership is:

APPROVED / DENIED

Amount of Campership: \$ _____

Approved by: _____ Date: _____