

**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

**Mohegan Council, Boy Scouts of America**  
**Application for Campership Assistance**

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: \_\_\_\_\_