



Application for Campership Assistance

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

The following information must be completed by the Scout's Unit Leader (Cubmaster/Scoutmaster/Crew Advisor). 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 CAMBERSHIP APPLICATION IS CORRECT. I APPROVE THIS APPLICATION FOR CAMBERSHIP ASSISTANCE."

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

UNIT LEADER SIGNATURE DATE

PLEASE BE SURE TO INCLUDE THE ONE PAGE ESSAY FROM THE SCOUT!

Completed form must be received no later than **April 15, 2012**:

**Mohegan Council, Inc., BSA
Attn: 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: _____