

2009 CAMBERSHIP APPLICATION

PURPOSE: It is the intention of the Twin Rivers Council to assist Scouts to Participate in Summer Camping Programs conducted by the Council. Unfortunately, this is sometimes not possible due to **financial limitations**. The campership program is NOT normally intended to extend a camping experience beyond a single week or to provide more than 50% of the Early Bird cost.

PROCEDURE: All applicants must submit an application providing the information requested on this form. **This request must be submitted no later than the May 1, 2009.** **NO EXCEPTIONS** When approved, campership credit will be allocated to the **CAMP**. All approvals and denials will be in writing following the appropriate campership review. The Camp Director or District Executive **MAY NOT GRANT** approvals.

APPROVALS ARE BASED ON: 1) Demonstrated Financial Need 2) Availability of Other Funding Sources 3) Campership Money Available 4) Applications considered in the order they are received (first come/first serve)

YOU MUST FILL OUT THE CAMBERSHIP FORM COMPLETELY

SCOUT INFORMATION: Please Print

Name: _____ Troop: _____
Address: _____ Pack: _____
_____ District: _____
Parent/Guardian: _____ Home Phone: _____
Parent Place of Employment: _____
Parent Work Phone: _____ Cellular Phone: _____

****INCOME INFORMATION:**

Gross Annual Income: \$ _____ (total dollar amount of income for calendar year)
Single Parent Family: Yes No Number of Persons in Household: _____
Does Applicant and/or family receive Social Service Benefits: Yes No

CAMP OR ACTIVITY APPLIED FOR:

Camp Wakpominee Rotary Scout Reservation Camp Boyhaven Cub Day Camp at _____

Dates Attending Camp: From _____ To _____

Cost of Camp (Early Bird Fee) \$ _____

Money Available from Troop/Pack/Crew \$ _____

Did you participate in Pack or Troop Fundraising? Yes _____ No _____ Amount \$ _____

Did you sell popcorn? Yes _____ No _____ Amount \$ _____

Assistance From Other Sources: \$ _____

Amount of Campership Requested: \$ _____

** _____
SIGNATURE OF PARENT/GUARDIAN

** _____
SIGNATURE OF UNIT LEADER

Your Campership application must be received by the Council Service Center in Albany by May 1, 2009.
Additional information and recommendation material may be attached.

Mail application to: Twin Rivers Council, 253 Washington Avenue Ext., Albany, NY 12205

OFFICE USE ONLY:

_____ Approved
_____ Disapproved

Signed: _____