

2010 Campership Request Form

DEADLINE APRIL 1, 2010

General Guidelines:

1. Allocation of available funds will be considered for applications received by the deadline. After this date, all funds may be exhausted. NOTE: Notification of funds awarded will be sent by mail to Parent and Unit Leader no later than mid-May.
2. Campership form does not reserve Scout a space at camp.
3. Rarely are 100% campership awarded. The minimum deposit is required at time of application.
4. One campership per Scout. No Duplicates!
5. Assistance is only available for Middle Tennessee Council Scouts.
6. Be sure to complete all parts of this form. Incomplete forms will not be considered.
7. Camperships are SCOUT specific and CANNOT be transferred to another scout!

Mail: Middle Tennessee Council, BSA/Attn: Camping/PO Box 150409/Nashville, TN 37215

Fax: 615-297-9916

Other: Bring it to the Boy Scout Service Center

Section A (to be completed by Parent/Guardian Only)

Please Print

District: _____ Unit: Pack: _____ Troop: _____

Scout's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ Current Grade: _____

Scout Rank: _____ Years in Scouting: _____ Years at Camp: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Employment: _____

of Children living in household: _____ Did you sell Popcorn: _____ If yes, how much? _____

Name of brother(s) if any, attending Scout Camp: _____

Amount of Campership Requested: \$ _____ Amount family is able to pay: \$ _____

Choose only one:			
For which camp will the campership be used? (Cost of Camp is noted in parenthesis)			
<input type="checkbox"/>	Cub Scout Day Camp (\$60)	<input type="checkbox"/>	Boy Scout Summer Camp (\$175)
<input type="checkbox"/>	Cub Scout Resident Camp (\$68)	<input type="checkbox"/>	Boy Scout Winter Camp (\$90)
<input type="checkbox"/>	Webelos Resident Camp (\$90)		

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Parent/Guardian MANDATORY STATEMENT: In your opinion, please state why you are in need of assistance in attending camp.

Parent/Guardian Signature Scout Signature Date

Section B (to be completed by Unit Leader Only)

Please Print

Unit Leader's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

MANDATORY STATEMENT: In your opinion, please state why **this applicant** needs assistance in attending camp.

Unit Leader Signature Unit Date

Section C FOR OFFICE USE ONLY (will be completed by Campership Committee)

_____ We agree to allocate Campership money to this applicant. Amount Approved \$ _____

_____ We decline this applicant assistance at this time. Decision based on: _____

Signature of Committee **Date**