

### Parents Obligations:

1. Pay reservation fees (non-refundable). Reservation fees must be paid to the unit or Council before the campership will be approved.
2. Register the boy in the Pack/Troop through which he is applying for the campership before the campership is applied for.
3. Obtain and complete the camp required medical form. Class 1 & 2 National BSA Physician signed physical required for any camp that exceeds 72 hours.
4. Provide spending money.
5. Provide personal equipment (See Cub Master or Scout Master for list of supplies needed).
6. Pay \$\_\_\_\_\_ toward the total camp fee. (No more than 50% will be provided for a campership)

### Council Long Term Camp Responsibilities:

1. Provide health and safety services at camp.
2. Camp provides meals IF residential camping.
3. Camp provides opportunities for swimming, Scout activities, rifle range, archery, hiking and campfires.
4. Provide a campership in the amount of: \$\_\_\_\_\_. (No more than half of the camp fee will be allotted in the form of Campership)

Explanation of Need: This explanation greatly influences the amount approved. Please provide as much detail as possible. \_\_\_\_\_

### **Office and Campership Committee Approval**

Council Popcorn FR ☐ Yes ☐ No Amount: \$ \_\_\_\_\_

Council Sponsored FR ☐ Yes ☐ No Fundraiser \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Unit Fundraiser ☐ Yes ☐ No Fundraiser \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Unit Contributing to Camp Fees for Scout? ☐ Yes ☐ No

Scout Family Contribution Toward Camp? \$\_\_\_\_\_ Under 50% ☐ Yes ☐ No

Scout Participation in Charter Partner Service Project or Other Contribution? If so, description: \_\_\_\_\_

Amount Applied For: \$\_\_\_\_\_ Amount Approved: \$\_\_\_\_\_

## **Boy Scout 2016 Campership Application**



**Sagamore Council, BSA**  
**PO Box 865**  
**Kokomo IN 46903**  
**765-452-8253**  
**765-459-5625 (Fax)**

[sagamore.council@scouting.org](mailto:sagamore.council@scouting.org)

*All campership applications must be submitted, approved and received at the Council office by May 1, 2016. All signatures are required for application to be considered.*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Unit Type: ☐ Troop ☐ Crew Unit # \_\_\_\_\_

District: ☐ Peshewa ☐ North Star ☐ Wabash Valley

School System: \_\_\_\_\_

Do you receive reduced or free lunches within your school system?

☐ Yes ☐ No

Number of family members in house \_\_\_\_\_

Household Income (Please indicate one below):

☐ Under \$20,000 ☐ Between \$40,000-\$50,000

☐ Between \$20,000 - \$30,000 ☐ Over \$50,000

☐ Between \$30,000 - \$40,000

Which week of Boy Scout Resident Camp or NYLT will you be attending?

**Boy Scout Resident Summer Camp at Camp Buffalo**

☐ Week 1 (June 12-18)

☐ Week 2 (June 19-25)

☐ Week 3 (June 26-July 2)

☐ Week 4 (July 3-9)

☐ NYLT (June 12-18) & (July 10-16) - Camp Redwing

Camperships are ONLY for registered Scouts and will be allotted under the direction of the Council Camping Committee to families who need the help. A Scout can attend only one week of camp during the summer. In the event that the Scout does not show up at camp for the start of his registered session, a "No Show Fee" of \$25 will be deducted from the fees paid by the parents or others; any campership portion of camp fees is non-transferable and is not refundable to the youth or his unit.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Email or Address: \_\_\_\_\_

Date: \_\_\_\_\_ Leader Signature: \_\_\_\_\_

Email or Address: \_\_\_\_\_

\_\_\_\_\_  
(District Executive)

\_\_\_\_\_  
(Campership Committee Representative)

The campership program is to help an individual member attend Camp Buffalo Resident Camp, Cub Scout Day Camp, Adventure Resident Camp and other Sagamore Council sponsored camping activities, after all other sources of funding are exhausted. It is expected, that a Scout participate in Council Popcorn sales and other Council sponsored events, to help raise funds. Failure to do so will likely result in a substantially reduced campership amount approved for the Scout.

Did you participate in Council sponsored Popcorn sales?

☐ Yes ☐ No Amount Sold \$ \_\_\_\_\_

If not, Why? \_\_\_\_\_

Did you participate in the Council sponsored Camp Card Sales?

☐ Yes ☐ No Amount Sold \$ \_\_\_\_\_

Amount Sold? \$ \_\_\_\_\_ If not, Why? \_\_\_\_\_

Did you participate in any UNIT sponsored fundraisers?

☐ Yes ☐ No

Event/fundraiser: \_\_\_\_\_ Amount Sold? \$ \_\_\_\_\_

If not, Why? \_\_\_\_\_

List any Community Service Projects or Contributions your Scout has made to your charter partner or community: \_\_\_\_\_

Total hours spent by all on the service project: \_\_\_\_\_

If less than 3 hours of community service have been completed by Scout, I hereby commit to help my Scout achieve this service goal this year.

☐ Yes ☐ No

Required ↓	Camp Fee Amount (Camp Fees Vary With Each Camp)	Amount Applicant Can Pay	Amount Unit Will Pay	Amount Others Can Pay (Unit/ Charter Partner Support)	Amount Requested
	<i>Example:</i> BS Resident Camp \$240	\$ 120	\$ 20		\$ 100