

Application for Assistance with Camp Fees

Dear Parent: District volunteers solicit funds from various sources to help Scouts who have aggressively tried to earn their own way to camp. If your Scout is in need of additional funds, please fill out and sign the application and forward it to your unit leadership by April 15th. The boy must raise some amount for his camp experience. The family and unit must also contribute before the boy is eligible for a campership. All camperships awarded based on need.

Scout's Full Name _____ Pack/Troop# _____

Mailing Address _____

Scout will enter grade _____ in September. Current Rank _____ Number of years in Scouting _____

Parent/Guardian Name _____ Home phone _____

Employer _____ Occupation _____ Work phone _____

To help us in applying campership, please circle camp and give us the additional requested information.

Day Camp Name of camp _____ Date _____

Carpenter Pack Provo Date _____

Hidden Valley Troop Provo Eagle Date _____

Bell Troop JLT Date _____

WMHAB Program _____ Date _____

Cost for Camp	=	\$ _____
Amount Boy raised	=	\$ _____
Amount Family can provide	=	\$ _____
Amount Unit can provide	=	\$ _____
Total Campership requested		\$ _____

Reason Financial Assistance is needed _____

Parent/Guardian Signature _____ **Date** _____

Instructions for the Unit Leaders:

- Please forward this application to your District Executive no later than the April 15th. Money will be allocated after the April Round Tables. You will be notified by mail May 15th.

Cubmaster/Scoutmaster Signature _____ Date _____ Phone _____

Committee Chair Signature _____ Date _____ Phone _____

Amount Approved \$ _____

Recorded _____ Verified _____