



2020 CAMPERSHIP APPLICATION

FIVE RIVERS COUNCIL, BSA

Scouts BSA Camp due February 1, 2020

Cub Scout Adventure Camp and Day Camp due March 1, 2020



Purpose: Camperships are designed to supplement the Scout and Parent / Guardian, Unit, and Charter Organization's ability to ensure a Scout can participate in a Five Rivers Council summer experience.

Instructions: This form needs to be completely filled out including all signatures. All personal & financial information submitted in this application is kept strictly confidential. All the information is needed in order to ensure that we support as many Scouts as possible to come to a summer experience who are in need of assistance. Remember the 9th Point of the Scout Law, a Scout is Thrifty.

Scout and Parent / Guardian Information

Scout's Name: _____ Age: _____ Rank: _____

Unit Type: Pack Troop Unit #: _____ District Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Parent's / Guardian's Name: _____

Day Time Phone: _____ Cell Phone: _____

Reliable E-mail Address: _____

Summer Camp Experiences in 2020

In order to provide as many Scouts an opportunity to have a summer camp experience as possible, we ask that you put down the summer plans for your Scout in 2020.

- Cub Scout Resident Camp
- Gorton Summer Camp
- Religious/Music/Academic Camp
- BSA High Adventure Base
- Cub Scout Day Camp
- Other Scout Camp/NYLT
- Family (Disney, Sea World, etc.)
- Sports Camp
- Special Unit Trip

Campership Request

_____ # of Scouts attending FRC camps _____ # of youth in the household
 _____ # of family members in college _____ # of adults in the household

\$ _____ **Gross annual family home income from all sources – Mandatory**

If your family makes more than \$70,000 gross family income, we encourage to have the unit / charter partner help ensure the Scout(s) have a summer camp experience.

Early Bird Cost of Camp: Boy Scout Resident Camp \$440 Cub Scout Resident \$230 Day Camp \$135

Cost of Camp: \$ _____
 Less Cost Provided by the Scout / Family: - _____
 Less Cost Provided by the Unit: - _____
 Less Cost Provided by the Charter Partner: - _____
 Net Campership Request: \$ _____

Camperships are limited to no more than 50% of a single camp session experience cost. We ask that you only ask for what is needed as we have limited funds to help as many Scouts as possible.

Day Camp – up to \$67.00
 Cub Scout Resident Camp – up to \$95
 Boy Scout: Up to \$220

Family Information – Mandatory to be filled out by Family

Campership funds are used to help Scouts enjoy a meaningful summer camp experience at a Five Rivers Council day camp or resident camp and are awarded to families with various needs including: unemployed head-of-household, medical hardship, low-income family, and other siblings attending camp. Briefly explain your need for campership assistance.

I understand that this is a request for financial assistance for my Scout to attend a Five Rivers Council Summer Camp program on the basis of financial need. Grants will be made on the basis of need and availability of funds and is in no way a guarantee of an award. I certify that this information is true and accurate.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name: _____

Unit Information – Mandatory to be filled out by Unit Leader

Please provide as much information as possible to assist the Council Camping Committee in evaluating this application. Please include the level of participation of the Scout, his/her family in the unit, as well as other factors that should be considered. Did the unit participate in Family Friends of Scouting and Popcorn this past year?

As unit leader, I hereby certify the Scout above is in good standing, currently registered, and an active member of my unit. To the best of my knowledge all information provided is accurate.

Unit Leader's Signature _____ Date _____

Unit Leader Name: _____ Home Phone: _____

Work Phone: _____ Email: _____

If any information is not provided this application **WILL NOT BE** considered for a campership
Forms should be sent to:
Five Rivers Council, 3300 Chambers Road Suite 5190, Horseheads, NY 14845-5190

FOR COUNCIL USE ONLY:

Date Received: _____

Approved Reason Not Approved: _____

Amount: _____ Date: _____