

# 2010 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, 2010.** **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)

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**YOU MUST FILL OUT THE CAMBERSHIP FORM COMPLETELY**  
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**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, 2010.**  
**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: \_\_\_\_\_