

CAMPERSHIP APPLICATION

The Longhouse Council Campership Fund was established to assist Scouts who, without financial assistance, would not be able to attend camp. We sincerely believe that all Scouts need an outdoor experience to grow in the Scouting program. The funds used for the Camperships are raised through various sources including the SCOUTPOWER Coin sales made possible through generous donations. It is for this reason we ask that only those with true needs apply for a Campership.

There are several points to keep in mind as you complete the application:

- Camperships are only available for “in Council” camps.
- NO deposit is required, and NO money should be sent with this completed application.
- The amount requested does not guarantee the campership amount.
- Camperships cover only one week of camp, per season, and per applicant.
- The Scout and their family must complete the first section.
- ALL questions must be answered. **Incomplete applications will be returned.**
- All applications are considered based on the information supplied.
- The application MUST be submitted to the address below 30 days BEFORE attending camp to be considered.

Applications received later will be considered only if funds are still available.

If you have further questions concerning the Longhouse Council Campership program, please direct them to longhouse@scouting.org or 315-463-0201

Submit completed application for consideration to:

Longhouse Council Campership Fund
Boy Scouts of America
2803 Brewerton Road
Syracuse, NY 13211

CONFIDENTIAL CAMBERSHIP APPLICATION

Please print clearly.

This section to be completed by the SCOUT and their FAMILY:

Scout's Name: _____ Age: _____

Address: _____

City, State: _____ Zip: _____

Pack/Troop #: _____ District: _____

Please check camp attending:

- Sabattis Scout Reservation NYLT
- Scouts BSA Day Camp Cub Scout Day Camp Cub Scout Family Camp

Dates attending camp: _____

If I receive a Campership, I will participate fully in the camping program, remain active and support my unit, and live up to the ideals of Scouting.

Signed by Scout: _____ Date: _____

To be completed by PARENT or GUARDIAN:

Family Size: Adults _____ Children _____ Annual income \$ _____

Have you requested assistance from your Troop or Pack? Yes ___ No ___

Have you requested assistance from other agencies? Yes ___ No ___

Tell us of special circumstances why a Campership is needed: (attach separate sheet if necessary) _____

Total Fee for camp:..... \$ _____

Unit/Other contribution: \$ _____

Amount of Campership Request..... \$ _____

Signed by Parent/Guardian: _____ Date: _____

Unit must participate in one of the Council fundraising programs for application to be approved

To be completed by Council Service Center:

Unit sells Popcorn: Approximate raised \$ _____

Unit participates in Friends of Scouting: Approximate Contribution \$ _____

Application approved: Yes ___ No ___ Approved Amount: \$ _____