

Application for Campership Assistance

DUE: April 15, 2012

| $\label{eq:program} PROGRAM \ ASSISTANCE \ REQUESTED \ FOR: (check \ one \ on$ | [ONLY ONE CAMPERSH | IP for one camp wil | l be considered]) |
|--|--|---|-------------------|
| ☐ TVSR Boy Scout Resident Camp | ☐ TVSR Webelos Resident Camp (Wk 1) ☐ TVSR Webelos Resident Camp (Wk 2) | | |
| ☐ TVSR Cub Scout Day Camp | | | |
| SCOUT'S NAME: | | PACK/TROOP | #: |
| SCOUT'S ADDRESS: | | PHONE #: | |
| CITY/Town: | STATE: | ZIP: | |
| SCOUT'S DATE OF BIRTH: | PARENT / GUARDIA | N NAME: | |
| NUMBER OF CHILDREN IN FAMILY: | _ ANNUAL FAMILY INCOME: (check one) | | |
| | □ \$10-\$20,000 □ \$31-\$40,000 □ \$51-\$60,000 | · · | |
| **SCOUTS PLEASE INCLUDE A ONE PAGE | | VANT TO GO TO C | SAMP!** |
| HOW MUCH WILL THE FAMILY CONTRIBUTE? \$ | | | |
| HOW MUCH WILL THE UNIT CONTRIBUTE? \$ | | | |
| DID THE SCOUT PARTICIPATE IN THE SCOUT POPCORN SALE? (CIRCLE ONE) | | YES / NO | |
| DOES YOUR UNIT PARTICIPATE IN FOS? (CIRCLE ONE) | | YES / NO | |
| $Has \ any \ other \ Campership \ assistance \ been \ requested? \ (Circle \ one)$ | | YES*/NO | |
| *IF YES, AMOUNT OF OTHER REQUEST: \$ | SOURCE OF OTHER C | AMPERSHIP(S): _ | |
| PLEASE NOTE: Campership funds are very limited full camperships. Each Scout should earn a portion popcorn sale, and others. Page 2 of this form must will be mailed to the Scout's home address as list | on of his camp fee by past be completed by the | articipating in uni Unit Leader. Not | it fundraisings, |
| AMOUNT OF ASSISTANCE REQUESTED FOR THIS S | SCOUT: \$ | | |
| Two converses pro- | | | |
| THIS FORM SUBMITTED BY: SIGNATURE | | ED NAME | DATE |



Application for Campership Assistance

| SCOUT'S NAME: | PACK/TROOP #: | | | | |
|--|------------------------|---------------------------|-------------|--|--|
| The following information must be completed by the Scout's Unit Leader (Cubmaster/Scoutmaster/Crew Advisor). The request must be approved by the unit leader in order to be considered for assistance. Upon approval, please forward this application to the Mohegan Council at the address below. | | | | | |
| As best as you can, please describe the need application: | for Campership assista | ance for the Scout listed | l on this | | |
| Does this Scout qualify for other financial as | sistance? (circle one) | YES / N | | | |
| If yes, what is the amount being contributed: | | | 10 | | |
| Did your unit participate in the Scout Popcorn Sale? (circle one) | | | YES / NO | | |
| Did your unit conduct a Family Friends of Scouting Campaign? (circle one) | | rcle one) YES / N | YES/NO | | |
| "TO THE BEST OF MY KNOWLEDGE, THE INF CORRECT. I APPROVE THIS APPLICATION FO Note: without Unit Leader's signature this application will <u>not</u> be approved. | OR CAMPERSHIP ASSIST | TANCE." | LICATION IS | | |
| 2 | | ADER SIGNATURE | DATE | | |
| PLEASE BE SURE TO INCLUDE THE ONE PAGE E | | ?! | | | |
| Mohegan Council, Inc., BSA Attn: Camperships 19 Harvard Street Worcester, MA 01609 Phone 508-752-3769 • Fax 50 | \ | | | | |
| THIS SECTION FOR COUNCIL USE ONLY | | | | | |
| Date Received: | Campership is: | APPROVED / DENIED | | | |
| Amount of Campership: \$ | | | | | |
| Approved by: | Date: | | | | |