



2020 Application for Campership Assistance

Please use separate form for each applicant

All sections/signatures must be complete or the application will be **REJECTED**

A summer food service (3 part form) must be obtained at the Scout Office and accompany this form.



Youth Name: _____

Address: _____ City: _____ Zip: _____

Youth E-mail Address (if applicable): _____

Scout Parent/Guardian Email: _____ Phone # _____

Unit Type & Number: _____ Chartered Organization: _____

Camp Lavigne

Date attending camp: _____

- | | |
|---|----------|
| 1. Amount that the Scout will personally provide from any fundraisers. | \$ _____ |
| 2. Amount that the parent/guardian will provide | \$ _____ |
| 3. Amount that the Unit and/or Chartered Organization will provide | \$ _____ |
| 4. 2020 Camp Lavigne Registration Fee (See Reverse Side) | \$ _____ |
| 5. Total amount of money provided for Scout <i>Add lines 1 through 3</i> | \$ _____ |
| 6. Amount of Campership Assistance requested <i>Subtract line 6 from line 5</i> | \$ _____ |

Note: Campership assistance generally will not exceed one half of the camp fee

Does your Unit offer opportunities for the Scout to participate in Council money-earning projects such as the Popcorn or Peanut Sales? Yes / No

If yes, which projects has the Scout participated in this year and list approximate sales? If No, why not?

Parent/Guardian statement explaining detailed need for assistance: _____

Family's annual income \$ _____ Number of children in household: _____

Do you/ your scout receive any type of public assistance? Yes / No

If yes, you MUST provide official proof (Case Number) on the Summer Food Service Form. (Only one Summer Food Service Form is required per family – 3 Part Form is available at the Scout Office)

Anyone requesting a campership must fill out the summer food service form.

Parent/Guardian Signature: _____ Date: _____

Unit Recommendation: _____

Did your Unit participate in the 2019 Friends of Scouting (FOS) Campaign? Yes / No

Scoutmaster Signature: _____ Date: _____

AND

Chartered Organization Rep. or Committee Chair Signature: _____

Application Deadline is March 24, 2020.

Return to: Columbia-Montour Council BSA * 5 Audubon Court * Bloomsburg, PA 17815

Phone: (570) 784-2700 * Fax (570) 387-4074 * www.columbiamontourbsa.org

All information on this form will be kept confidential and used only by the committee determining the Camperships.

Camp the Scout Will Attend (Circle Only One)

Fee

Cub Resident Camp – June 28 – July 1, 2020	\$225.00
Cub Scout Day Camp – June 29 – July 2, 2020	\$165.00
1st Week Traditional Boy Scout Camp – July 5- 11, 2020	\$400.00
2nd Week Traditional Boy Scout Camp – July 12 – 18, 2020	\$400.00
Wilderness Living – July 12 – 18, 2020	\$435.00

A Campership is need-based financial aid granted by the Columbia-Montour Council to a Scout needing monetary assistance to attend Camp Lavigne. Community contributions and other fundraisers comprise this fund. It is a limited resource depending on the amount of funds available. By maximizing the amount you can contribute toward your Scout’s camp fees, you help ensure that other Scouts can also attend Camp Lavigne.

Camperships are granted for one camp period only.

Campership Requirement Check List

- _____ All signatures obtained and questions are answered on this form
- _____ Summer Food Service Form filled out signed with TANF # OR family income attached

Needed for Camp Registration:

(For Scouts attending Cub camps where a shirt is provided with registration).

T-Shirt Size Youth: _____ SM _____ M _____ L _____ XL
 Adult: _____ SM _____ M _____ L _____ XL

SPECIAL NEEDS (including dietary restrictions and food allergies)

We want every Scout to be able to attend Summer Camp, but we need the information listed to fairly distribute assistance. For this reason, if all forms are not completely filled out your campership will be rejected.

<i>For Council Use Only</i>	<u>Council Action</u>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> Invoice #: _____ </div>
Cost of Camp	\$ _____	
Campership Amount Granted	\$ _____	
Balance Due Prior to Camp	\$ _____	
Date and Invoice # of Final Payment _____		
Member of Camping Committee Signature: _____		
Date: _____		

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