



Date Received in Scout Service Center: _____
(Campership applications will be considered on a first-come/first-served, need basis)

CAMPERSHIP APPLICATION

Applicant's Name: _____ Unit # : _____ Date of Request: _____

Address: _____ City/State/Zip: _____

District: _____ Telephone # (Home) _____

Campership Request is for (Southeast Louisiana Council camps only): (Check one)

- Cub Day Camp Boy Scout Summer Camp
- Winter Camp Venture Camp

Give date(s) of camp: _____

Please describe the need for this Campership request: _____

(Attach additional sheets if necessary)

Total Event Fee:	\$ _____
Amount Being Paid by Applicant:	\$ _____
Amount Being Paid by Unit:	\$ _____
Amount Being Paid by Other:	\$ _____
Amount of this Request (50% maximum)	\$ _____

IMPORTANT INFORMATION

Camperships of up to 50% of the total fee may be requested. Funds have been specifically designated for Southeast Louisiana Council registered youth attending Southeast Louisiana Council camps. Camperships are approved on need, on a first-come/first-served basis. We may not be able to meet all requests, based on available funds and degree of need. In order that we may help as many as possible, please request the minimum amount needed. Submit your request at the earliest possible date.

Before any Campership funds are applied, the amount to be paid by the applicant and others must be received. There will be a deadline for these funds to be received after the Campership is approved. After that deadline the Campership will not be issued.

I support this request for Campership help.

Unit Leader _____ Position _____ Date _____
(Signature)

Telephone (home) _____ (work) _____

FOR OFFICE USE ONLY

Amount of Campership approved _____
 Date applicant notified _____ By whom? _____
 Campership accepted _____ Deadline for balance in office _____