

**SAMOSET COUNCIL CAMBERSHIP AND LEADERSHIP DEVELOPMENT
APPLICATION FOR FINANCIAL ASSISTANCE**



CAMPERSHIP APPLICATION GUIDELINES

The **Tesomas Alumni Camping Trust** has been established to assist any youth with financial need to experience camping. To be eligible for this financial assistance, the youth must:

1. Be registered with the **Boy Scouts of America** and in good standing in his unit for at least 30 days prior to camp.
2. Demonstrate a need for financial assistance in order to attend camp.
3. Be recommended for this support by his unit leader.
4. Be approved by the Campership Committee.

Just as Scouting encourages one to “pay their own way” (a Scout is thrifty) each individual applicant should pay a portion of their own expense and their unit or chartered partner should also pay a portion of the camp cost. The applicant’s parents and unit leader should sign the campership application committing their portion of the cost.

Applications for camperships must be made **in writing**, using the “Samoset Council Campership Application for Financial Aid” for each person. **Summer camp applications must be made before April 1st (or) winter camp before December 1st.**

After review of the campership application by the campership committee, a letter will be sent to the unit leader whose signature appears on the form informing them of the decision and of the amount (if any) that will be awarded to the individual applying.

This application for financial aid is to be completed, marked “CONFIDENTIAL”, and sent to the Samoset Council, Boy Scouts of America, Attention: Campership Committee, 3511 Camp Phillips Road, Weston, WI 54476.

There must be no promise made to this applicant that a campership will be awarded. Allocations may not be awarded for the full amount requested if comparative need or total applications are in excess of available funding.

FOR OFFICE USE ONLY

Date Received _____ **Registration Checked** _____ **Amount Allocated \$** _____

Campership Approved _____ **Date** _____

Unit Leader Notified _____ **Date** _____

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This form is completely confidential and must be completed in its entirety for consideration

APPLICANT: _____ AGE: _____ DATE OF BIRTH: ___/___/___ PHONE: (____)____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

UNIT #: _____ DISTRICT: _____

PROGRAM FOR REQUEST

- Cub Scout Resident Camp (Akela's World) Date _____ to _____
- Webelos Resident Camp (Akela's World) Date _____ to _____
- Winter Camp – Polar Cubs Date _____ to _____
- Winter Camp – Boy Scouts Date _____ to _____
- Hanna Venture Base - Trek Date _____ to _____
- Tesomas Scout Camp - Boy Scout Date _____ to _____
- Youth Leadership Development Activity Date _____ to _____
- National Jamboree/High Adv. Base Date _____ to _____
- Other Activity: _____ Date _____ to _____

CAMP FUNDING BREAKDOWN

- \$ _____ From Applicant \$ _____ From other sources
- \$ _____ From Family \$ _____ From Campership Fund (no more than 1/2)
- \$ _____ From Scouting Unit \$ _____ Total camp fee
- \$ _____ From Unit Fund Raiser

PARENT/GUARDIAN INFORMATION

Father's occupation: _____ Mother's occupation: _____

Number of dependent children: _____ Parents combined yearly income \$ _____

Please describe the financial need for this campership: _____

Parent/Guardian Signature: _____ Date: ___/___/___

UNIT INFORMATION (to be filled out by Unit Leader)

What has applicant done to defray costs him/her self? _____

Unit participates in "Friends of Scouting" Unit participates in Popcorn Sale

Unit Leader Signature: _____ Date: ___/___/___

***All requests for summer camp are due April 1st to
Samoset Council, 3511 Camp Phillips Road, Weston, WI 54476***