

Hawk Mountain Council
2020 CAMBERSHIP APPLICATION
(DEADLINE – MAY 1, 2020)

FORMS WILL BE REVIEWED IN THE ORDER THEY ARE RECEIVED. DATE RECEIVED IN COUNCIL:

DIRECTIONS:

Please **PRINT** all information. Parent and/or guardian must complete **ALL** information. Unit Leader must sign on Line 14.

1. Applications **must** be mailed to: Hawk Mountain Council, BSA, 5027 Pottsville Pike, Reading, PA 19605
2. Completion of this form DOES NOT automatically guarantee a campership. Camperships are made, first on the basis of verified need and second, on the basis of funds available.
3. Campership applicants must be currently registered in the Unit stated on this application and must be attending a Hawk Mountain Council, BSA summer camp during the 2020 summer season.
4. The typical amount of campership funds granted is 25%-33% of the total camp fee, although a greater amount may be granted under exceptional circumstances. A granted campership in the applicant's name that is not used in the current year is not transferable to the following year.
5. Approved applicants will be notified in writing.

PACK #: _____ TROOP #: _____ DISTRICT: _____ Date of Application: ____/____/____

1. APPLICANT'S NAME _____ DOB ____/____/____

2. PARENT'S/GUARDIAN'S NAMES _____

3. ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: (____) ____ - _____

4. DATES ATTENDING CAMP: From: ____/____/____ To: ____/____/____

5. ____ CUB SCOUT DAY CAMP ____ CUB SCOUT RESIDENT CAMP ____ WEBELOS RESIDENT
____ CUB SCOUT SATELLITE DAY CAMP ____ BOY SCOUT RESIDENT CAMP ____ BOY SCOUT PROVISIONAL CAMP

6A. Total Household Income (2018): ____ under \$15K ____ \$15K - \$25K ____ \$25K - \$50K ____ \$50K - \$75K
____ over \$75K

6B. Parental Status: ____ Married ____ Single Parent ____ Non-Parent Guardian ____ Ward of Court ____ Other

6C. Number of siblings attending Camp as: CUB SCOUT(S) _____ WEBELOS SCOUT(S) _____ BOY SCOUT(S) _____

7. **Reason for the campership request:** If more space is needed continue on the back of this form or attach a separate sheet.
(signed by Parent/Guardian) _____

Signature: _____

Date: _____

Please see other side for Financial Worksheet. All information is required to be filled out on the worksheet for the request to be reviewed. Financial worksheet not completed could be qualified reason for no Campership Funds to be given.

- 8. TOTAL CAMP FEE \$ _____
- 9. Scout's share of camp fee \$ _____ **(Required)** (Popcorn sales/fundraising)
- 10. Family's share of camp fee \$ _____ **(Required)**
- 11. Share of camp fee from the unit \$ _____ **(Required)**
- 12. Share of camp fee from Chartered Partner/other sources \$ _____
- 13. Amount requested from the Campership Fund \$ _____
- 14. Certification: I hereby certify that, to the best of my knowledge, the reason given for this campership request is accurate.

Two signatures are required – Unit Leader/Committee Chairman/District Representative.

Signature: _____
 Print Name: _____
 Position: _____

Signature: _____
 Print Name: _____
 Position: _____

OFFICIAL USE ONLY

APPLICANT APPROVED: For: \$ _____	DATE: ____/____/____
HOLD FOR ADDITIONAL INFORMATION: _____	DATE: ____/____/____
APPLICATION NOT APPROVED: _____	DATE: ____/____/____