All Scouts must be signed up for camp with the Pack/Troop prior to submitting this form.

- Please allow 4-6 weeks for processing and notification.
- Please enter only one Scout per application.
- DUE IN THE SCOUT OFFICE BY NO LATER THAN MARCH 11, 2016. Late Applications will <u>NOT</u> be considered.
- Incomplete applications will result in a reduced campership or rejection of the application.
- For special circumstances contact The Service Center

Section A – General Informati	<u>on</u>			
Camp Program (check one):	Boy Scout Resident C	Camp	_Cub Scout Reside	ent Camp
Camp Dates:	District:	Pack #:	Troop #:	Crew #:
Scoutøs Name:			Phone:	
Address:	City		State:	Zip:
Size of family: #Youth #	Adults			
Are there other Scouts in your h	ousehold going to camp th	nis year (circle	one)? Yes / No	How many?
How much assistance are you re	equesting? \$			
How much assistance will you b	e receiving from your Pac	ck/Troop? \$		
What is your total household yes	arly gross income? \$			
Section B Parents'/Guardian's	S Information (Must be	e completed in	<u>full)</u>	
Fatherøs Name:			Phone:	
Address (Street, City, State, Zip):			
Employer:			Gross Income:	
Motherøs Name:			Phone:	
Address (Street, City, State, Zip):			
Employer:			Gross Income:	
Guardianøs Name:			Phone:	
Address (Street, City, State, Zip):			
Employer:			Gross Income:	
• Other Income (i.e. Welfare,	Child Support):			
Explanation of Need of The explanation of Need of The explanation as possible. Feel free to attach a	U J		11 1	
I certify that all of the information	on contained in this applic	eation is true a	nd correct	
Parent or Guardian Signature:			Date	> :

Greater Niagara Frontier Council **2016 Campership Application** Boy Scouts of America 2860 Genesee Street, Buffalo, NY 14225 (716) 891-4073

Top Unit Leaderøs Name:		Phone:		
Address:	City	State _	Zip	
Did your unit participate in the C	Counciløs annual popcorn sale (cir	cle one)?	Yes / No	
If yes, did the Scout sell ((circle one)?		Yes / No	
Did your unit participate in the C	Counciløs Friends of Scouting cam	npaign (circle one)?	Yes / No	
Did your unit have fundraisers to	help scouts to go to camp (circle	e one)?	Yes / No	
If yes, did the Scout participate (circle one)?			Yes / No	
Is this scout an active member of	f your unit rarely missing meeting	gs/activities?	Yes / No	
Has this scout attended summer of	camp before? Yes / No	If yes, when?		
Briefly explain why the Scout de	eserves a campership (Note: This	must be completed t	o be considered):	
As unit leader, I hereby certify th	nat our unit committee has confirm	med the circumstance	s, and to the best of our	
knowledge the need reflected is a	accurate.			
Top Unit Leaderøs Signature		Date:		
Damamhan The Coast MUS	The signed up for Comp pr	ion to aubmittina tl	nia forma hovvovor no	
·	ST be signed up for Camp pri	•		
	ion letter from The Council S	service Center is re	eceived. No late lees	
will apply.				
For Council Use Only				
Date Application Received:	Amount Requested _	Unit P	ayment	
Total Camp Fee:				
Approved:	_ Disapproved: Reason:			
Reviewed By:		Date Revie	wed:	
•				
Amount Awarded \$				
Amount Awarded \$	Date Ma			