



**SAM HOUSTON AREA COUNCIL
BOY SCOUTS OF AMERICA**

2225 North Loop West ♦ Houston, TX ♦ 77008

713-659-8111

**Council Campership Application
Sam Houston Area Council
Resident Camps**

Dear Unit Leader and Parents:

All registered Scouts deserve an opportunity to participate in a Sam Houston Area Council Scout Camps. This is the “Dream” that the handbooks promise and if necessary, we want to help it become a reality.

The Campership Funds are administered by the Sam Houston Area Council to assure that Scouts benefit. It is the practice of the council that a Scout earns at least a portion of the camp fee and that the family pays according to its means.

The Campership Fund participates with unit assistance and its support of the direct camp funding, selling Scout Fair tickets, participation in the Popcorn program as well as being a participant of the Friends of Scouting program.

Please complete in total with the required signatures on the enclosed applications and return by October 15st for Winter Camp, April 1st for Summer Camp.

Thank you for your assistance with this effort and in support of “Leading Youth to Lifelong Values, Service and Achievement.”

Sincerely,

Brandon Lewis

**Director of Support
Service**

UNIT CAMBERSHIP REQUEST FORM

Date Received: _____

CAMPERSHIP PURPOSE: The purpose of campership aid is to make attendance to a Council Resident Camp possible to deserving Scouts who otherwise would not be able to meet the fee requirements. It is important that the details shall be handled in such a way as to cause no embarrassment to the Scout or his family. All Scouts who receive campership help should earn or provide part of the fee, in keeping with the ninth part of the "Scout Law". "A Scout is Thrifty".

Complete all information and transmit this application by October 15st for Winter Camp and April 1st for Summer Camp to: Sam Houston Area Council, BSA, ATTN: Support Services, 2225 North Loop West Houston, TX 77008

PLEASE PRINT LEGIBLY: CAMPERSHIP APPLICATION FOR

Name: _____ District: _____ Unit Type & Number: _____
Address _____ City _____ ST _____ Zip _____
Phone _____ Birthdate: Month _____ Day _____ Year _____

DO NOT DETACH

We certify that we have talked with the above-named Scout regarding his attendance at: _____ during _____ we present the following plan to care for his attendance fee: NOTE: Camperships are not transferable to another Scout.

1. Amount Scout and family will pay \$ _____
2. Amount institution or Unit Treasury will pay \$ _____
3. *Amount requested from Campership Fund \$ _____

***1/2 of fee is the maximum that can be awarded**

Please attach letter of the special financial need(s) which make it a hardship for the entire fee to be paid by the applicant.

Did your unit participate in the following programs?

- Yes No Council Spring Fundraiser
 Yes No Friends of Scouting (FOS) Current Year
 Yes No Council Popcorn Fundraiser
 Yes No Other money earning projects: _____

This Campership request is for:

Winter Camp **Other:** _____
 Summer Camp

We have indicated above the maximum support available from the Scout, family, institution and our own funds and we recommend approval of this request if financial scholarship is available. **PLEASE PRINT, all information filled out in full, and ALL Signatures must be completed prior to submitting application to Support Services.**

Unit Leader Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Registered Position _____ Phone # (Day) _____

I hereby consent that my son/daughter participates in this activity:

Parent/Guardian _____ Signature _____

Please Print Legibly

Email Address _____ Phone #: _____

Office Use Only:

District Executive Signature (Required): _____ Date _____

OFFICE USE: Money Received with application: Date: _____ Amount: _____ By: _____ Date Approved: _____ Signature _____