2013 ILLOWA COUNCIL CAMPERSHIP APPLICATION

Camperships (scholarships) are available to provide financial assistance to ensure every Illowa Scout wishing to attend a Scout summer camp may do so. Please submit applications only for those truly in need. Camperships are designed to bring a new Scout to camp- not provide routine funding. Please provide separate applications for each camp to be attended. Please note application due dates listed below as camperships will be awarded before the camp payment deadline. The family as well as the Unit Leader will be notified in writing of Camperships awarded.

Camperships are awarded in amounts up to a maximum of 50% of the camp's annual fee, and are intended to match funds provided by the Scout's family, funds earned through Unit Fundraisers, etc. All awards are for Illowa Council youth attending Illowa Council Camps, and are granted based on need, previous grants, and unit participation.

RESOURCES

To be filled out by FAMILY

Campership Application Deadlines: (check one)

___ Boy Scout Summer Camp (Due by April 1) ___ Cub Scout District Day Camp (Due by April 12)

___ Cub Scout Family Resident Camp (Due by April 12) ___ Webelos Resident Camp (Due by April 12)

Scout's Information:

Scout's Name: _____ Age:_____ Grade: _____

Address: _____ City: _____State: _____ Zip:_____

Daytime Phone: _____ Years in Scouting:_____ Rank: _____

District: _____ Unit (circle one): Pack Troop Crew Unit #:_____

Family Information:

Number of people in household: _____ Family members attending Summer Camp: Youth_____ Adult_____

Family Gross Income Level: $25,000 or less_____ $25,000 to $60,000_____ $61,000 or more _____

Parent or Guardian Signature: _____ Date: _____

To be filled out by UNIT LEADER

Did Unit Participate in Popcorn Sale? _____ Did Unit hold a Friends of Scouting Presentation ? _____

Amount earned by Scout: $_____ Amount provided by unit: $_____ Amount requested: $ _____

Reason for Request:

Unit Leader approval: _____ Date: _____

Submit for to: ILLOWA COUNCIL, 4412 North Brady Street, Davenport, IA 52806

Council Action

Approved: _____ Amount Granted: $_____ Date:_____

Confirmation Letter Mailed: _____ Notes: _____