

2011 ILLOWA COUNCIL CAMBERSHIP APPLICATION

Camperships (scholarships) are available to provide financial assistance to insure every Illowa Scouts 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.

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. The maximum campership will be \$105 for Boy Scout Summer Camp, \$55 for Webelos Camp, \$10 for Family Camp, and \$22 for Day Camp.

To be filled out by FAMILY

<u>Campership Application Deadlines:</u> (check one)	
<input type="checkbox"/> Boy Scout Summer Camp (Due by April 15)	<input type="checkbox"/> Cub Scout District Day Camp (Due by April 30)
<input type="checkbox"/> Cub Scout Family Resident Camp (Due by April 30)	<input type="checkbox"/> Webelos Resident Camp (Due by April 30)
<u>Scout's Information:</u>	
Scout's Name: _____ Age: _____ Grade: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Daytime Phone: _____ Unit (circle one): Pack Troop Crew Unit #: _____	
Years in Scouting: _____ Rank: _____	
<u>Family Information:</u>	
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 _____	
(Additional comments on back please)	
Parent or Guardian Signature: _____ Date: _____	

To be filled out by UNIT LEADER

Did Scout receive a Campership last year? _____ Did Scout participate in a unit fundraiser? _____	
Amount earned by Scout: \$ _____ Amount provided by unit: \$ _____ Other: \$ _____	
Reason for Request: 	
Unit Leader approval: _____ Date: _____	
Submit for to: ILLOWA COUNCIL, 4412 N. Brady St, Davenport, IA 52806	



Council Action

Approved: _____ Amount Granted: \$ _____ Date: _____		
Conformation Letter Mailed: _____ Notes: _____		