



# Day Camp Campership Application

**\*Please make note these items are required for the campership to be considered**

**INSTRUCTIONS**

1. Complete application in full, including all signatures, and send to address below.
2. Camperships are awarded for up to 50% of the cost of day camp.
3. The boy must be a registered Cub Scout in the Central Florida Council.
4. The endorsement of the Pack Cubmaster or Committee Chairman is required.
5. **\* Applications must be received no later than May 1, 2017 to be considered for campership\***
6. If approved, notification will be sent to the Unit Leader and parents at the email addresses provided by May 15, 2017.
7. **\* A letter describing the circumstances requiring the campership must be included with this application, or the application will not be considered. This information will remain confidential.\***
8. **\* This application must be accompanied by a completed Day Camp registration flyer and payment of at least \$57.00, or \$60.00 for the Webelos Camp to be considered. If the campership is denied, a refund of the amount paid will be offered.\***
9. If awarded, the campership is valid toward the cost of one day camp and is not refundable, or transferrable

Scout's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pack #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

For the Parent(s):

- 1) Did the Pack provide a means to earn money? Yes No
- 2) Did your son participate? Yes No
- 3) Did your son participate in Pack activities, including monthly Pack meetings? Yes No
- 4) Are you able to volunteer at Day Camp all week? Yes No If not, what days can you help? M T W TH F
- 5) **Our son is going to Day Camp Session \_\_\_\_\_ on the week of \_\_\_\_\_ . I/we, his parent(s) will be responsible for his transportation, medical and equipment needs.**

Parent/guardian name: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

Parent/guardian phone number: \_\_\_\_\_ Parent/guardian e-mail: \_\_\_\_\_

Cubmaster/Committee Chair name: \_\_\_\_\_

Cubmaster/Committee Chair: \_\_\_\_\_ Cubmaster/Committee Chair e-mail: \_\_\_\_\_

Cubmaster/Committee Chair signature: \_\_\_\_\_

**Send completed form to: Campership Committee, Central Florida Council, BSA, 1951 S. Orange Blossom Trail, Apopka, FL 32703**

***All applications are considered solely on financial need and availability of funds. Funds for camp scholarships are made possible by private donors.***

For campership committee use:

Registration verified: \_\_\_\_\_ Campership awarded? \_\_\_\_\_

Amount paid with registration flyer: \_\_\_\_\_ If yes, amount awarded: \_\_\_\_\_

Separate letter describing need attached: \_\_\_\_\_

Date notification sent: \_\_\_\_\_ Committee signature: \_\_\_\_\_