## **CAMPERSHIP GUIDELINES**

## Information About Financial Aid for Summer Campers

The Council's commitment to all Scouts is: Every Scout deserves a week at summer camp, and no Scout will miss camp because of a lack of funds.

A campership is financial assistance awarded to a Cub Scout or Scouts BSA youth to allow him/her to attend a summer camp program (residential camp or day camp). Camperships are need-based and are awarded to youth who are unable to afford the full summer camp fee. All campership requests will be processed with the highest degree of confidentiality possible.

To be eligible for a need-based campership, a youth must:

- Be a registered youth member of the Boy Scouts of America.
- Plan to attend a summer camp program operated by the Connecticut Yankee Council.
- Secure the approval of their parent or guardian and his/her unit leader.
- Complete the attached application.
- Be able to arrange for their personal needs while at camp and arrange for their own transportation.
- Furnish the medical, health and other information required of all campers at Scout summer camps.
- Be in need of assistance to pay the full summer camp fee.

A Campership Committee made up of at least three Council volunteers will review all campership applications. The committee is recruited and/or appointed by the Camping Committee Chairman. The committee may award applicants up to 50% of the camp fee based upon the lowest rate available. However, if the need is great, the committee may elect to provide a higher-level campership. Scouts are expected to help provide for their own camping experience; therefore, 100% camperships will not normally be approved. The youth should help pay their own way, contributing some portion of the camp fee along with other support that can be provided by the family, troop/pack, and chartering organization.

Camperships to weekend Scouting activities are generally not considered. If a Scout cannot pay their own way, the unit chartering organization or the event committee should provide the needed funds.

Campership requests must be submitted to the camp registrar by May 1. Forms are available at the Scout Service Center, the ctyankee.org website and/or from the unit leaders. Campership requests must be filled out completely and signed by the parent/guardian and unit leader.

The Connecticut Yankee Council will apply any awarded campership directly toward the balance of a Scout's summer camp fee. The Scout's parents and unit leader, and camp director will be informed of the account credit. Camperships will not be paid to individuals.

The Connecticut Yankee Council will make every effort to raise funds to aid families in sending their children to camp. If you know of any potential donors to the campership fund, please contact the Development Director for your service area at (203) 951-0518.

For further information, please contact the Council Director of Camping, Michael Morrell at (203) 951-0613

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## CONNECTICUT YANKEE COUNCIL, BSA CAMPERSHIP APPLICATION



## MUST BE SUBMITTED NO LATER THAN MAY 1

Please attach this form to your registration form and include a non-refundable \$50 deposit.

The information you provide on this form will be kept strictly confidential. However, names of recipients may be publicized to promote the aims of the Boy Scouts of America. A separate application is required for each applicant. Camperships may provide up to one half of the fee. Larger camperships must be fully justified below.

Name:		Unit:	_ District:	
Address	S:	City/Town:	Zip:	
Age:	Gender: M / F Phone:	Parent's E-mail:		
Camp Attending:		Dates of Camp	:	
	A. Amount of event fee (least	expensive rate available)	\$	
<ul><li>B. Amount of money Scout can</li><li>C. Amount of money family can</li><li>D. Amount of money chartering</li></ul>		an earn – A Scout is thrifty	\$	
		an provide	\$	
		ng organization/unit can provide	\$	
E. Assistance from any other sou		source for this event	\$	
	F. Amount of money needed for campership [A-(B+C+D+E)=]		\$	
What is AFDC/W	r of family members in your household, the family's combined NET (take home Velfare/Food Stamps/Foster Care Numb ent concerning need (please explain the	e) annual income: per:	pages or write on the back of this	s page):
unders in any <b>Fori</b>	arent or guardian of the above name tand that any assistance awarded wo other way. ms must be signed by the unit lead Guardian's Signature:	vill be credited against the camp for the ler, in the box below, prior to being the box below.	ee and cannot be transferred  ng forwarded to the Scout of	or used
raicity	Guardian's Signature.	Daytille phone #	Date:	
		n and verify this Scout is registered in my deserving of the assistance requested.		
nit Leader:		Unit:	Date:	
-Mail:	Mail: Daytime Phone No			
ddress:		City:	Zip:	
	Date Application received:	Amount of approved camp	ership: \$	