



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

2225 North Loop West ♦ Houston, TX ♦ 77292-4528
713-659-8111

**Council Campership Application
For
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 resident camp, Cub / Webelo's Resident Camps at Bovay Scout Ranch, or a Boy Scout Resident Camp at Winter Camp. 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 1st for Winter Camp.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Nathan Doherty". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

**Nathan Doherty
Program Director**

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 1st for Winter Camp and April 15 for Summer Camp to: Sam Houston Area Council, BSA, ATTN: Support Services, P.O. Box 924528, Houston, TX. 77292-4528.

PLEASE PRINT LEGIBLY: CAMPERSHIP APPLICATION FOR

DO NOT DETACH

Name _____ Unit No. _____ District _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Birthdate: Month _____ Day _____ Year _____

We certify that we have talked with the above named Scout regarding his attendance at: _____

_____ during _____ with Unit / Troop _____

and 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:

- | | | | |
|------------------------------------|--------|---|--------|
| 1. Scout Fair Ticket Sales Program | Y or N | 3. Friends of Scouting (FOS) Current Year | Y or N |
| 2. Council Popcorn Program | Y or N | 4. Other money earning projects: | _____ |

This Campership request is for: () Winter Camp () Bovay Resident Camp () Lost Pines Scout Reservation (2018 Only)

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) _____ (Night) _____

I hereby consent that my son participates in this activity (parent or guardian) Phone: _____

Parent/Guardian _____ Signature _____

Please Print Legibly

Address _____ City _____ State _____ Zip _____

District Executive Signature (Required) _____ Date _____

Office Use Only:

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