



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

2225 North Loop West • P.O. Box 924528 • 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/Webelos Resident Camps at Bovay Scout Ranch or a Boy Scout Resident Camp at Cockrell River Camp, Walter Scout Camp at Horseshoe Bend, Rough Riders or 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 returned by April 15 for Summer Camp and by October 1 for Winter Camp.

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

Sincerely,

**Brett J. Lee  
Boy Scout Program Director**

"In accordance with Federal law, U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

COUNCIL CAMPERSHIP 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 April 15'th For Summer Camp and October 1'st for Winter Camp to: Sam Houston Area Council, BSA Attn: Program Services to, P. O. Box 924528, Houston, TX. 77292-4528.

PLEASE PRINT

CAMPERSHIP APPLICATION For: (Please Print Legibly)

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/Super Troop \_\_\_\_\_

(Camp Attending: Summer Camp, Winter Camp, etc..) (Date in Camp)

and present the following plan to care for his attendance fee: NOTE: Camperships are not transferable to another Scout.

DO NOT DETACH

1. Amount Scout and family will pay \$ \_\_\_\_\_

2. Amount Institution or Unit Treasury will pay \$ \_\_\_\_\_

\*3. Amount requested from Campership Fund \$ \_\_\_\_\_

Please attach letter of the special financial need(s) which make it a hardship for the entire fee to paid by the applicant.

\* 1/2 of fee is the maximum that can be awarded

Did you unit participate in the following programs:

- 1. Scout Fair Ticket Sales Program. Y or N
2. Council Popcorn Program Y or N
3. Friends of Scouting (FOS) 2011 Y or N
4. Other money earning projects: \_\_\_\_\_

This Campership request is for:

[ ] CRC Summer Camp [ ] WHB Summer Camp [ ] RR Summer Camp [ ] Winter Camp [ ] NYLT [ ] Bovay Resident Camp

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 Camping Services.

(1) Unit Leader Name \_\_\_\_\_ Signature \_\_\_\_\_

Please Print

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Position \_\_\_\_\_ Phone # (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

(2) I hereby consent that my son participate in this activity (parent or guardian) Phone(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Please Print

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(3) District Executive Signature (Required) \_\_\_\_\_ (Date) \_\_\_\_\_

Office Use Only:

OFFICE USE: Money Received with application, Date: \_\_\_\_\_ Amount: \_\_\_\_\_ By: \_\_\_\_\_