



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

2225 North Loop West • P.O. Box 924528 • Houston, TX • 77292-4528
713-659-8111

**2010 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 or Hamman Scout 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 (2010 Unit Campership Request and Child Nutrition Program Applications) and returned by April 15, 2010.

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

Sincerely,

Mike Sheets
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."

2010

UNIT CAMPERSHIP REQUEST FORM

Date Received _____

CAMPERSHIP PURPOSE: The purpose of campership aid is to make attendance to Summer 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, 2010** to: Program Services, Sam Houston Area Council, B.S.A., P. O. Box 924528, Houston, TX. 77292-4528.

PLEASE PRINT

CAMPERSHIP APPLICATION (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) (Date in Camp)

and present the following plan to care for his attendance fee: **NOTE: Campership is 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 be paid by the applicant.

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

Did you unit participate in the following programs:

- 1. 2009 Scout Fair Ticket Sales Program. Y or N
- 2. Fall 2008 Popcorn Program Y or N
- 3. Friends of Scouting (FOS) 2009 Y or N
- 4. Other money earning projects: _____

This Campership request is for:

- Summer Camp
- Winter Camp
- NYLT

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: _____