

CAMPERSHIP APPLICATION GUIDELINES

The **Tesomas Alumni Camping Trust** has been established to assist any youth with financial need to experience camping. To be eligible for this financial assistance, the youth must:

1. Be registered with the **Boy Scouts of America** and in good standing in his unit for at least 30 days prior to camp.
2. Demonstrate a need for financial assistance in order to attend camp.
3. Be recommended for this support by his unit leader.
4. Be approved by the Campership Committee.

Just as Scouting encourages one to “pay their own way” (a Scout is thrifty) each individual applicant should pay a portion of their own expense and their unit or chartered partner should also pay a portion of the camp cost. The applicant’s parents and unit leader should sign the campership application committing their portion of the cost.

Applications for camperships must be made **in writing**, using the “Samoset Council Campership Application for Financial Aid” for each person. **Summer camp applications must be made before April 1st (or) winter camp before December 1st.**

After review of the campership application by the campership committee, a letter will be sent to the unit leader whose signature appears on the form informing them of the decision and of the amount (if any) that will be awarded to the individual applying.

This application for financial aid is to be completed and sent to the Samoset Council, Boy Scouts of America, 3511 Camp Phillips Road, Weston, WI 54476 you may also email it to smiley@samoset.org.

There must be no promise made to this applicant that a campership will be awarded. Allocations may not be awarded for the full amount requested if comparative need or total applications are in excess of available funding.

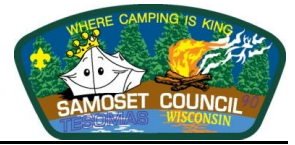
FOR OFFICE USE ONLY

Date Received _____ Registration Checked _____ Amount Allocated \$ _____

Campership Approved _____ Date _____

Unit Leader Notified _____ Date _____

**SAMOSET COUNCIL CAMBERSHIP AND LEADERSHIP DEVELOPMENT
APPLICATION FOR FINANCIAL ASSISTANCE**



This form is completely confidential and must be completed in its entirety for consideration. You can save this form to your computer and email (smiley@samoset.org) or fax (715-355-9849) it to the council.

APPLICANT: _____ AGE: _____ DATE OF BIRTH: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
COUNCIL: _____ UNIT #: _____

PROGRAM FOR REQUEST

- | | |
|--|--------------|
| <input type="checkbox"/> Akela's World Cub Scout Camp | Dates: _____ |
| <input type="checkbox"/> Winter Camp – Polar Cubs | Dates: _____ |
| <input type="checkbox"/> Winter Camp – Boy Scouts | Dates: _____ |
| <input type="checkbox"/> Hanna Venture Base - Trek | Dates: _____ |
| <input type="checkbox"/> Tesomas Scout Camp - Boy Scout | Dates: _____ |
| <input type="checkbox"/> Youth Leadership Development Activity | Dates: _____ |
| <input type="checkbox"/> National Jamboree/High Adv. Base | Dates: _____ |
| <input type="checkbox"/> Other Activity: _____ | Dates: _____ |

CAMP FUNDING BREAKDOWN (no more than 1/2 of camp fee can come from the campership fund)

\$ _____ From Applicant	\$ _____ From other sources
\$ _____ From Family	\$ _____ From Campership Fund (no more than 1/2)
\$ _____ From Scouting Unit	\$ _____ Total camp fee
\$ _____ From Unit Fund Raiser	

PARENT/GUARDIAN INFORMATION

Father's occupation: _____ Mother's occupation: _____

Number of dependent children: _____ Parents combined yearly income \$ _____

Please describe the financial need for this campership:

Parent/Guardian Signature: _____ Date: _____

UNIT INFORMATION (to be filled out by Unit Leader)

What has applicant done to defray costs him/her self? _____

- Unit participates in "Friends of Scouting" Unit participates in Popcorn Sale

Unit Leader Signature: _____ Date: _____

Application must be signed by unit leader in order to be considered. Unit Leader signature may not be related to the applicant. All requests for summer camp are due April 1st and winter camp by Dec 1st to Samoset Council, 3511 Camp Phillips Rad, Weston WI 54476 or Fax 715-355-9849