

Financial Assistance for Camping Program

BE SURE TO READ CAREFULLY BEFORE COMPLETING CAMPERSHIP APPLICATION

PURPOSE

To provide supplemental funding for registered Scouts, and those of American Indian Heritage from any council attending a Del-Mar-Va Council summer camp, whose parents/guardians and unit leader certify is unable to pay the total cost for any outdoor program or event. Further, they acknowledge that the Scout is deserving of the grant, and sincerely interested in participating in the outdoor program. **FUNDING IS LIMITED, AND SHOULD ONLY BE REQUESTED BY THOSE IN FINANCIAL NEED.** Youth members are expected to earn their own way in Scouting. Teaching youth members to be self-reliant and to earn their own way is an integral part of training our youth members. Youth must learn to pay their own way and to honestly earn the money to do so. Camperships may be used for in or out of Council camps and events.

RESTRICTIONS

It is required that the youth, his family, and the unit or sponsoring organization make some contribution. The unit should sponsor a camping fee fundraiser, thereby allowing youth to earn the necessary camp fees. The unit should also provide a savings plan, whereby the family can contribute weekly towards the camp fees.

All applications are considered on the basis of financial need and pertinent information. Availability of camperships is dependent upon the Council's ability to fund them. Funding will be limited to no more than 50% of the program fee.

Campership applications must include all requested information. Incomplete applications will not be considered. Criteria used is similar to the Federal Income Eligibility Guidelines. First round campership applications must be received in the council office no later than April 1st for summer resident camp programs, no less than 30 days prior to the event for all others.

Mail complete campership applications to:

**Del-Mar-Va Council
1910 Baden Powell Way
Dover, DE 19904**

or

Scan and email to:

Camping@delmarvacouncil.org

or

Fax to:

(302) 622-3308

Scouts must be registered with the unit, and all fees except the amount requested as financial assistance must be paid prior to the award being applied to the Scout's account.

NOTIFICATION

The unit leader listed on the campership application and the family will be notified by Ymail of the amount of the grant as soon as possible after the Campership Committee meets to make their decision. If the request is denied, or the amount of the grant is less than requested, the applicant will have until the unit's camp date to pay the balance of the fees without penalty.

QUESTIONS

Questions should be directed to the Camping Department at 302-622-3300 ext. 127 or 1-800-766-7268 ext. 127.

*****Please sign and date to indicate that you have read and understood the conditions outlined above:
(Required for this application to be considered)**

(Parent/Guardian Signature)

(Date)

Financial Assistance for Camping Program

Please read all information on the front of this application before completing. Campership funding will be limited to Scouts from the Del-Mar-Va Council or from out of council attending our camps that demonstrate financial need. **FILL IN ALL THE BLANKS ON THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** The Outdoor Programs Department must receive first-round applications no later than **April 1st** for summer camp awards, no less than 30 days prior to the event for any other programs. Scouts are expected to earn their own way in Scouting. Youth members must learn to pay their own way and to honestly earn the money to do so. Funding will be limited to no more than 1/2 the program fee. Criteria used is similar to the Federal Income Eligibility Guidelines. Information will be kept confidential, but is required for general reporting purposes.

Outdoor Program for which assistance is requested _____

Date(s) program conducted from _____ to _____ Name of Camp _____

Scout's Name _____ Unit # _____ District _____ Council _____

Parent/Guardian Address _____

City, State, Zip _____

Phone _____ Email of Parent/Guardian _____

Sponsoring Organization Name _____

Father's job title and place of employment _____

Mother's job title and place of employment _____

Total Gross Annual family income (from all sources) _____ Number of members in household _____

Parent/Guardian statement certifying financial need. (Give reasons why financial assistance is required. Feel free to attach additional information to allow us to make an appropriate decision)

| <p style="text-align: center;"><i>Getting a Scout to camp is a partnership between the Scout, his family, his unit, and the Del-Mar-Va Council</i></p> <p>Does your Scout have a camp savings plan? YES NO</p> <p>Does your unit have a money earning project to help Scouts earn summer camp fees? YES NO</p> <p>If yes, what type of project? _____</p> <p>Did this Scout participate? YES NO</p> <p>If no, why not? _____</p> <p>Has this Scout ever received campership funding before? _____</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Cost of Program</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Amount Scout will contribute (Earned through unit fundraiser) Required</td> <td></td> </tr> <tr> <td>Amount Family will pay (savings plan) Required</td> <td></td> </tr> <tr> <td>Amount unit/sponsoring organization will contribute Required</td> <td></td> </tr> <tr> <td>Total Funds Raised</td> <td></td> </tr> <tr> <td>Amount of Campership requested</td> <td></td> </tr> </tbody> </table> | Cost of Program | | Amount Scout will contribute (Earned through unit fundraiser) Required | | Amount Family will pay (savings plan) Required | | Amount unit/sponsoring organization will contribute Required | | Total Funds Raised | | Amount of Campership requested | |
|---|---|-----------------|--|---|--|--|--|--|--|---------------------------|--|---------------------------------------|--|
| Cost of Program | | | | | | | | | | | | | |
| Amount Scout will contribute (Earned through unit fundraiser) Required | | | | | | | | | | | | | |
| Amount Family will pay (savings plan) Required | | | | | | | | | | | | | |
| Amount unit/sponsoring organization will contribute Required | | | | | | | | | | | | | |
| Total Funds Raised | | | | | | | | | | | | | |
| Amount of Campership requested | | | | | | | | | | | | | |

(All above information is required for this application to be considered)

Unit Leader's Name

Unit Leader's Signature

Unit Leader's Address

City, State, Zip Code

.....

y O

I certify that the information on this form is accurate.

Parent/Guardian Signature

Date