



Cub Scout Campership Application Form

Due on or before April 15th, 2011

The Lincoln Trails Council Campership Assistance Program was established to provide aid to those Scouts and families needing assistance in paying the fees for Council Sponsored Scout Activities. Approved assistance will pay up to 1/2 (one half) of the activity fees, depending on funds available. **The Scout, his parents, local unit, and the Chartered Organization are responsible for the balance of the fees due. The unit leader must approve all applications for assistance. Applications for assistance must be submitted on or before April 15th for all summer programs.** Assistance is only available to youth registered in Lincoln Trails Council participating in Lincoln Trails Council activities. **Be sure to complete the application form in its entirety. Incomplete forms will not be considered.**

- All applications for assistance must be submitted to the Lincoln Trails Council Service Center on or before April 15th. Applications that are postmarked April 15th will be considered “on time”.
- All information is kept strictly confidential and is only shared with the Council’s Campership Committee.
- Assistance is limited to youth registered in Lincoln Trails Council.
- Assistance is given on a one-time per year, per individual basis.
- Assistance is given based on the availability of funds and financial needs.
- Applications must be completed in full in order to be considered. There must be signatures in all spaces requiring them.
- The unit leader must complete all information in the “unit leader” section of the form.

Return completed applications forms to:

Lincoln Trails Council
262 W. Prairie Ave.
Decatur, IL 62523
217-429-2326
FAX - 217-429-3326
www.lincolntrailsCouncil.org

Cub Scout Campership Application Form

Due on or before April 15th, 2011
ALL SECTIONS MUST BE COMPLETED!

APPLICANT INFORMATION

Pack # _____ District: (circle one) Railsplitter Two Rivers Redhawk
Chartered Organization _____
Applicant's Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ - _____ Parent's Name _____

Other Information

Has this Scout advanced in rank in the past year? Yes No
Has this Scout been awarded assistance before? Yes No
Will this Scout be attending any other camp in the next 6 months? Yes No
Is this Scout accepted in the School Lunch Program? Yes No
Has this Scout participated in the unit's fundraising activities? Yes No
If Yes, which ones? _____
If No, Why? _____

Financial Assistance is requested because:

Parent(s)/Guardian(s) currently unemployed
 Medical expenses
 Large immediate family with minimal income. Number in family _____
 Other, Explain _____

ACTIVITY INFORMATION

Activity Attending _____ Dates ____/____/____ to ____/____/____
Total Activity Fee \$ _____
Family to pay \$ _____
Unit to pay \$ _____
Chartered Organization to pay \$ _____
Amount Requested from Council \$ _____ (up to 1/2 of the activity fee)

UNIT LEADER INFORMATION (Signature Required on Back of Form)

Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____ Zip _____
Email _____

(COMPLETE BACK OF APPLICATION)

OTHER INFORMATION

Please answer this question in detail so the Campership Committee can make informed decisions in awarding assistance.

Why is this Scout in need of assistance? (To be answered by the family)

Parent Signature _____ **Date** ____/____/____

UNIT LEADER STATEMENT

Please state your reasons for recommending that this Scout receive financial assistance.

Unit Leader Signature _____ **Date** ____/____/____

CAMPERSHIP COMMITTEE USE ONLY

Date application received ____/____/____

Application reviewed by the Campership Committee on ____/____/____

Committee Action:

____ Approved in the amount of \$ _____

____ Not Approved

Campership Committee Chairman Signature _____

Unit Notification Sent ____/____/____ Circle one: Letter Email