

**2009 CAMBERSHIP APPLICATION**  
**HOUSTONIC COUNCIL, BOY SCOUTS OF AMERICA**

DEADLINE MAY 31, 2009

**Please attached this form to the camp registration form and include a \$25 non-refundable deposit**

Scouts Name: \_\_\_\_\_ Age (as of 7/1/2009): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Pack Troop Crew (circle one)

Parent, explain *in detail* your *need* for Campership assistance (you may attach additional pages):

Our Scout is planning on attending: \_\_\_\_\_ week(s) of camp. Camp Fee Amount per Week: \$ \_\_\_\_\_

Applying for: ( ) Boy Scout week of \_\_\_\_\_

( ) Webelos Resident Camp \_\_\_\_\_

( ) Cub Scout Day Camp week of \_\_\_\_\_

I will be paying: \$ \_\_\_\_\_ Towards my son's week at camp

Our Pack/Troop will pay: \$ \_\_\_\_\_ Towards my son's week at camp

I am requesting a Campership of: \$ \_\_\_\_\_ Towards my son's week at camp

Number of family members in your household, including parents/guardians: \_\_\_\_\_

What is the family's combined NET (take home) annual income: \_\_\_\_\_

As parent/guardian of the above named individual, I certify that there is a need for the financial aid requested. I understand that this is an application, and in *no way* guarantees a Campership. I further understand that Housatonic Council ordinarily awards partial Camperships in belief that most Scouts can and should earn part of their camp fee. This is limited to Housatonic Council Scouts Only.

Parent/Guardian's Name (please print): \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms must be signed by the unit leader prior to being forwarded to the Scout Office.**

I certify that this applicant is a registered Scout within my unit, in good standing  
and is in need of the assistance requested:

Unit Leader's Name: \_\_\_\_\_ Unit Leader's Signature: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Center Use Only**

Date Received in Office: \_\_\_\_\_ \$25 Non-refundable Deposit Received? Yes No

Amount Paid: \$ \_\_\_\_\_ Amount Awarded: \$ \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

**Housatonic Council, BSA**  
**326 Derby Avenue**  
**Derby, CT. 06418**