

CAMPERSHIP APPLICATION

SUMMER CAMP

(Completed forms are due by April 1st)

A campership fund has been established to ensure Scouts from the Atlanta Area Council have the opportunity to participate in Summer Camp. Camperships are awarded based on individual financial need. After the campership committee makes determinations, unit leaders will be notified. Please bring a copy of that confirmation to camp.

Scouts receiving a campership are encouraged and expected to write and return a thank you note prior to the end of camp.

Scout's Name: _____ Unit Type and Number: _____

Age: _____ Rank in Scouting: _____ District: _____

Family Size: Please indicate the number of income tax dependents currently residing in your home: _____

Total annual household income: \$ _____

Scout has participated in the following fund-raising opportunities: (**Check all that apply**)

Popcorn Sales

Camp Cards

Unit Fundraiser

If Resident Camp:

Amount of Campership requested: \$ _____ (enter dollar amount up to ½ of total camp fee)

Our unit is registered for the week of: _____ at: Woodruff Bert Adams

Activity: Scouts BSA Cub Scout Venturing

If Day Camp:

Day Camp Campership provides a **\$50 credit**

My Scout will be attending the _____ District Day Camp

Parent/Guardian, please indicate the reason or need for this Campership in the space provided:

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Parent/Guardian Name: _____ Signature: _____

I certify that other acceptable means of securing the needed camp fee have been exhausted and that this Scout is registered with this unit and has made an effort to earn and save toward his camp fee within the framework of his environment and circumstances. Please include a copy of your unit roster to verify registration.

Unit Leader Name: _____ Signature: _____

Email: _____ Unit Position: _____

Please submit completed forms to:
Veronica Bramlett
vbramlett@atlantabsa.org
1800 Circle 75 Pkwy
Atlanta, GA 30339
770-956-5980

CAMPERSHIP COMMITTEE APPROVAL

The Scout named above is approved for a Campership in the amount of: \$ _____

Approved: _____

Date: _____