

Application for Assistance with Camp/Program Fees (Campership Application)

Dear Parent/Guardian: The Daniel Webster Council has made a commitment that no young person will be denied a camp/program experience due to financial constraints and therefore have established a Campership Fund to assist our Explorers who have aggressively tried to earn their own way to a **unit leadership** camp/program. If your child is in need of additional funds, please fill out and sign this application and **forward it to your Post Advisor 45 days prior to any event date**. The Post Advisor is then asked to complete and sign the application and forward it to the Daniel Webster Council. In keeping with the Scouting philosophy of teaching commitment and responsibility, we ask that every effort be made by your Explorer and their unit to provide a portion of the camp/program fee. All camperships are awarded based on need and recipients will be expected to write a "Thank You" letter if an award is granted.

PLEASE NOTE: Incomplete or late applications will not be considered.

Explorer's Full Name: _____ Post _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ E-Mail Address: _____

Explorer will enter grade _____ in September. Number of years in Exploring: _____

Parent/Guardian Name: _____

Preferred Telephone: _____ E-Mail Address: _____

To help in applying the campership, please indicate the camp/program and provide the dates attending:

Camp/Program	Dates Attending
<input type="checkbox"/> Law Enforcement Weekend Challenge	May 8-10
<input type="checkbox"/> New Hampshire Fire Explorer Training Academy	June 19-26
<input type="checkbox"/> Camp Fully Involved	July 12-17
<input type="checkbox"/> North Country Fire Exploring Weekend	July 17-19
<input type="checkbox"/> New Hampshire Jamboree	October 9-11
<input type="checkbox"/> MOOT	October 16-18
<input type="checkbox"/> University of Exploring	October 23-25

COST FOR CAMP/Program = (A) \$ _____

Amount youth raised in popcorn sales (net) = \$ _____

Estimated amount youth raised in Camp Card sales (net) = \$ _____

Amount Family will provide = \$ _____

Amount Unit will provide = \$ _____

Amount from other funds = \$ _____

TOTAL FUNDS FROM ABOVE = (B) \$ _____

TOTAL CAMPERSHIP REQUESTED (Must be provided) = (A-B) \$ _____

(Amount cannot exceed half the cost of camp)

Please indicate why financial assistance is needed (continue on back and use additional paper if necessary)

Parent/Guardian Comments:

Instructions for the Post Advisor:

Please forward this application directly to the **Daniel Webster Council, 571 Holt Avenue, Manchester, NH 03109 no later than 30 days prior to any event. Notification by e-mail of the amount of the campership to be awarded will be made within 15 days of the event.** All campership recipients will be expected to write a "Thank You" letter if an award is granted in any amount. This letter will be shared with campership funders to support future assistance.

Post Advisor Comments:

Post Advisor Signature: _____ Date: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____ Phone: _____

FOR COUNCIL USE ONLY:

Reviewed: _____ Approved: _____ Recorded: _____

Comments: