



## CAMPERSHIP APPLICATION INSTRUCTIONS

**\*\*\* PLEASE READ THESE INSTRUCTIONS CAREFULLY  
BEFORE COMPLETING THE ATTACHED APPLICATION FORM \*\*\***

### GENERAL INSTRUCTIONS

Funds available for Camperships covered by this application form come from a trust which restricts the use of the funds to **youth members** of Oregon Trail Council attending summer camps at camps operated by the council.

In evaluating this application, please provide comments on as many of these factors as is possible or appropriate:

1. Financial need, including family income, number of persons in the family unit, siblings being supported in this or other camping experiences, family medical bills, unemployment, cost of parents attending Council sponsored training programs, etc.
2. Efforts by the Scout to help pay his own way.
3. The Scout's efforts in advancement and leadership areas.
4. Family factors, such as single parent family, no parent family, institution living situation, etc.
5. Special needs of the Scout that warrant specific consideration.

- ◆ The Council Campership Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom the request is made.
- ◆ Camperships are limited to no more than 50% of the camp cost. Each Scout, his family, or his unit must provide a minimum of 50% of the camp cost.
- ◆ Additional information. If the space provided is not adequate to provide all information you believe is important, please attach a separate paper.

ALL APPLICATIONS **MUST** BE RECEIVED IN THE COUNCIL OFFICE  
BY **MAY 1st** TO BE CONSIDERED BY THE COUNCIL CAMPERSHIP  
COMMITTEE FOR SUMMER CAMPING ACTIVITIES

## SPECIFIC INSTRUCTIONS:



### 1. Camps Available for Camperships

- Baker Summer Camp
- Venturing Week
- Cub Scout Day Camp
- Melakwa Summer Camp
- National Youth Leadership Training
- Cub Summer Camp

### 2. **Scout and family information**

This area **MUST** be completed by the Scout or his family. Multiple applications from a single Unit for the same amount of assistance (and, in particular, the maximum amount available) generally indicates that the Unit has directed the Scout and/or his family in identifying the amount of assistance needed. **Applications are evaluated on the basis of individual needs, not unit needs.**

### 3. **Monetary effort of the Scout**

A Scout is THRIFTY. A Scout works to pay his way. This is the ninth point of the Scout Law. The Council Campership Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character-building opportunity for Scouts to learn the importance of being THRIFTY.

### 4. **Family needs**

Describe in the space provided the general circumstances that require campership assistance for your child to attend camp. (Use an additional page if needed.) The amount of family income is important in evaluating the need, but this information is not mandatory. In the case of divorced parents, it is assumed that child support is being received unless otherwise indicated.

### 5. **Unit endorsement**

**This area is extremely valuable to the Council Campership Committee.** Failure of the Unit to provide its endorsement and comments may result in the application being denied or referred back for additional information.

Insert the number of registered youth in the unit and number of youth going to camp in the space provided.

Information the unit can add or confirm concerning the financial need is **very** important.

Information should be provided in this area as to the Scout's attendance at meetings, overnight camping, and participation in the Council fundraising activities through candy/meat stick and/or popcorn sales. The Council Campership Committee needs information concerning the Unit's evaluation of the Scout's advancement efforts, his citizenship, the value of this camping experience to the Scout, the efforts of the Scout family in support of your Unit, etc.

Verify that the information supplied by the family on page 3 as to cost provided by the family and by the unit is correct. If money raised from unit activities (i.e. Candy/meat sticks, Popcorn Sales.) is awarded to the Scout based on his individual efforts, it should be shown as being provided by the family. If this money is allocated by the unit without reference to the individual Scout's efforts or on the basis of need, it should be shown as being provided by the unit.

ALL APPLICATIONS **MUST** BE RECEIVED IN THE COUNCIL OFFICE  
NO LATER THAN **May 1st** FOR SUMMER CAMPING ACTIVITIES

## CAMPERSHIP APPLICATION

(CAMPERSHIPS ARE NOT TRANSFERABLE & HAVE NO CASH VALUE.)  
(ALL BLANKS MUST BE FILLED IN)

**Oregon Trail Council**  
**2525 Martin Luther King Jr. Blvd, Eugene, OR 97401**  
**541-485-4433**

- Cub Day Camp     Cub Summer Camp-Baker     Venturing/ Exploring Camp- Baker     Boy Scout- Camp Baker     Boy Scout- Camp Melakwa     NYLT     Provisional Camper- Camp Baker

UNIT # \_\_\_\_\_

CAMP DATES: \_\_\_\_\_

DISTRICT:

- Benton     Cascade  
 Chinook     Doug Fir  
 Greenwood     Wacoma  
 Yaquina

FOR CAMPERSHIP COMMITTEE USE ONLY

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

INITIALS \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_

### SCOUT INFORMATION (By Scout or Family)

- CUB SCOUT     BOY SCOUT/VARSITY     VENTURER

SCOUT NAME \_\_\_\_\_ RANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_ BUSINESS # (IF AVAILABLE) \_\_\_\_\_

NUMBER OF YOUTH IN FAMILY IN SCOUTING \_\_\_\_\_

TOTAL CAMP COST	\$ _____	(subtract)
COST PROVIDED BY SCOUT FAMILY	- _____	(subtract)
COST PROVIDED BY FUNDRAISERS	- _____	(subtract)
COST PROVIDED BY OTHER SOURCES	- _____	(subtract)
<b>NET CAMPERSHIP REQUEST AMOUNT</b>	_____	(Cannot be more than 50% of total camp cost)

Briefly explain what the applicant has done to earn a portion of his fee. Include Council, unit and individual fund raising activities such as popcorn or candy/meat stick sales. **PLEASE READ THE INSTRUCTIONS.**

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**FAMILY INFORMATION**

This section **must** be filled out by the Scout's family. Briefly describe the circumstances, including financial matters, which require campership assistance for your child to attend camp. **PLEASE READ THE INSTRUCTIONS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Relation to Scout \_\_\_\_\_

Occupation of Father \_\_\_\_\_

Employer \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Employer \_\_\_\_\_

**UNIT ENDORSEMENT**

UNIT LEADER  COMMITTEE CHAIR OTHER \_\_\_\_\_

(Not related to Scout)

Please provide as much information as possible to assist the Council Campership Committee in evaluating this application. Review the application to make sure that there are comments on as many of the five factors on page one as is possible or appropriate. Your independent evaluation of the financial needs is very valuable. **PLEASE READ THE INSTRUCTIONS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# OF YOUTH IN UNIT \_\_\_\_\_ # OF YOUTH GOING TO CAMP \_\_\_\_\_

Did Scout Participate in Council Fundraisers?  Popcorn  Candy Bars/Beef sticks  Scout did not participate

Signature \_\_\_\_\_

(Please print)

Name of Unit's Campership Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OR Zip: \_\_\_\_\_

Unit Leaders name: \_\_\_\_\_

Committee Chairs Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_



*In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in the camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.*

