

The campership program is to help individual Seneca Waterways Scouts attend camps sponsored by Seneca Waterways Council after all other sources of funding are exhausted. ***It is expected that each family and Scout pay part of the fee, and that the unit will also help.***

Eligible programs: Massawepie or Babcock-Hovey (Boy Scout Summer Camp), Cub Scout Adventure Camp (at Camp Cutler), Cub Scout Resident Camp (at Babcock-Hovey), NYLT, and other Council-sponsored camping programs.

DIRECTIONS:

1. **SUBMIT ONE FORM PER FAMILY.**
2. Indicate dollar amounts in each column.
3. Complete all blanks and answer all questions below.
4. Explanation of need must be completed in detail.
5. Parent or guardian **AND** unit representative must sign application.
6. Submit completed & signed applications to the Camping Dept. by April 15th for full consideration.
7. Families on Public Assistance **MUST** include case number.

Pack Number: _____ or Troop Number: _____ or Venturing Crew Number: _____

DISTRICT: Bay Waters Black Creek Genesee Crossroads Lighthouse Mohawk Seneca Towpath

County of residence: Monroe Ontario Seneca Wayne Yates Other _____

Name of Scout	Activity	Council Camp Fee	Amt. Family can pay	Amt. Unit can pay	Amt. Scout can pay	Amt. Other can pay	Campership Requested	(office use only) Amount Approved
1.								
2.								
3.								
Example: Joe Smith	Massawepie	\$ Amt.	\$ Amt.	\$ Amt.	\$ Amt.	\$ Amt.	Difference	

- Does your unit participate in Council annual popcorn sale? **Yes No.** If yes, did the above Scout(s) sell? **Yes No**
- Has/have the Scout(s) participated in any other unit fundraiser? **Yes No.** How much is applied to camp fees? _____
- Is the family on public assistance? **Yes No.** If yes, what is the Case Number? _____

HOUSEHOLD ANNUAL INCOME: (please check one below) **Important:** Number of family members residing in house _____

Under \$20,000 Between \$20,000-\$30,000 Between \$30,000-\$40,000 Between \$40,000-\$50,000 Over \$50,000 (\$_____,000)

EXPLANATION OF NEED – This explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages.

Signature of parent or guardian (indicating that information is accurate) X _____

Print Parent's or Guardian's Name _____ **Phone #** _____

Address _____ **City, State, ZIP** _____

ENDORSEMENT:

Unit Representative's Signature _____ Position: _____ Phone # _____ Date: _____

CAMPERSHIP COMMITTEE APPROVAL: _____ Date: _____