



**OFFICIAL REQUEST FOR CAMBERSHIP ASSISTANCE
COASTAL GEORGIA COUNCIL, INC.
SAVANNAH, GEORGIA
In-Council Units Only**

(This Form may be reproduced by photo copying)

Date Requested _____ 20____

Camper's Name _____

City, State, Zip _____ / _____ / _____

Home Phone Number _____ Parent/Guardian Work Phone Number _____

Unit # _____ District _____

The purpose of Campership Aid is to make attendance to Summer Camp possible for deserving Scouts whom otherwise would be unable to meet the fee requirements. It is important that the details be handled in such a way as to cause no embarrassment to the Scout or his family. All Scouts receiving a Campership should earn or provide part of the fee in keeping with the ninth point of the Scout Law, "A Scout Is Thrifty." The information requested below is confidential, but not necessary to determine the degree of need for each applicant. Form must be submitted to Council Office on or before Nov. 15th for Winter Camp; May 1st for Summer Camp.

Amount Scout and his family will pay \$ _____

Amount the Troop or Institution will pay \$ _____

Amount requested from Campership Fund \$ _____

Note: The Council Campership Fund will only pay up to 50% of total Summer Camp fees.

Please state below the special financial need(s) which make it a hardship for the family to pay the entire fee.

We have indicated above the maximum support available from the Scout, family, Troop and Institution. Our Troop Committee recommends approval of this request for consideration of the Campership Aid.

Scoutmaster's Signature _____

Troop Committee Chairman's Signature _____

Approval/Disapproval of Council Camping Committee: **Approved** **Disapproved**

Council Camping Committee Chairman's Signature _____ Date _____

Council Scout Executive's Signature _____ Date _____

(Office Use Only) Campership Fund _____