



# 2018 Family Financial Help Campership Application

Incomplete Applications Will Not be considered  
No Applications will be accepted After May 1st  
All Information Will Be Kept Confidential

The Campership Fund of the Allegheny Highlands Council is supported by local organizations, foundations. Our Council to assist our scouts attending our camps, Camp Merz & Elk Lick only.

**EVERY PORTION MUST BE COMPLETED IN FULL OR THIS FORM WILL NOT BE PROCESSED**

**Scout #1 Name** \_\_\_\_\_ **Pack#** \_\_\_\_\_ **Troop#** \_\_\_\_\_

attending Resident Camp at (circle one)Camp Merz / Elk Lick Scout Reserve week of \_\_\_\_\_

**Scout #2 Name** \_\_\_\_\_ **Pack#** \_\_\_\_\_ **Troop#** \_\_\_\_\_

attending Resident Camp at (circle one)Camp Merz / Elk Lick Scout Reserve week of \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Explain your need of Campership Assistance (important)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Balance of Fees is Due by Thursday, June 1 to receive Early Bird Discount**

**Number of children in family at home** \_\_\_\_\_

**Adjusted Gross Family Income from IRS form 1040** \_\_\_\_\_

**Additional Income including Support \$** \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_

**Father's Occupation** \_\_\_\_\_

**Total Camp Fees \$** \_\_\_\_\_

**Scout's Family Portion \$** \_\_\_\_\_

**Scout's Pack/Troop Portion \$** \_\_\_\_\_

**Campership Requested \$** \_\_\_\_\_



**Scout/s participated in Spring "Earn Your Way to Camp" Camp Card/Candle Sale? Yes/No Sold \$** \_\_\_\_\_

Camperships are granted based on financial need and availability of funds. This is an application, not a guarantee that the Scout will receive a campership. It is expected that the Scout's Pack or Troop, & family will each share a portion of the cost to go to camp, and he also earns a part of the fee. Notification of campership award and amount will be made to the Scout's family and his unit leader.

I certify that the above information is true and correct, scout's honor.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Completed form to: Allegheny Highlands Council, BSA, PO Box 261, Falconer, NY 14733 or fax 716.665.5212  
This form must be received or postmarked no later than May 1.

~~~~~For Office Use Only~~~~~

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount Granted \_\_\_\_\_