CRADLE OF LIBERTY COUNCIL BOY SCOUTS OF AMERICA

2014 SUMMER CAMP FINANCIAL AID (CAMPERSHIP) APPLICATION

***Please read all information on the back of this application before completing**. Financial aid will be limited to those with demonstrated need. Fill in ALL the blanks on the application. Incomplete applications will NOT be considered. The application must be received by March 1st. Scouts are expected to earn their own way in Scouting. Funding will be limited to no more than ½ of the program fee. Information will be kept confidential, but is required for general reporting purposes.*

Summer camp for which assistance is requested:
❑Cub Adventures at Musser / ❑Cub Scout Day Camp / ❑Resica Scout Reservation / ❑Specialty Camp

Dates program conducted: *From:*_____ *To:*_____

Unit Type: ❑Cub Scout Pack / ❑Boy Scout Troop / ❑Varsity Scout Team / ❑Venturing Crew / ❑Sea Scout Ship

Unit #:_____ District:_____ Chartered Org. Name:_____

Scout's Full Name:_____ Age:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Father's Job Title and Place of Employment:_____

Mother's Job Title and Place of Employment:_____

Total family income: $_____ Public assistance received:_____

Parent/Guardian statement of financial need:_____

_____

_____

Does your unit have a camp savings plan? ❑Yes / ❑No

If yes, did this Scout participate? ❑Yes / ❑No

Does your unit have a fundraising opportunity to help Scouts earn summer camp fees? ❑Yes / ❑No

If yes, what type of fundraiser:_____

_____

Did this Scout participate? ❑Yes / ❑No

If no, why not?_____

Did this Scout participate in Popcorn or Camp Card Sales? ❑Yes / ❑No

Has this Scout ever received financial aid? ❑Yes / ❑No

Cost of Camp	$
Amount Scout will contribute (earned through fundraiser)	$
Amount Family will pay (savings plan)	$
Amount unit/sponsoring organization will contribute	$
Total Funds Raised	$ 0
***Amount of Financial Aid Requested** (please note amount cannot exceed 50% of the cost of the camp)*	$

Unit Leader's statement certifying financial need:_____

_____

I certify that to the best of my knowledge the information on this form is accurate:

Parent Signature:_____ Date:_____

Unit Leader Name (print):_____ Signature:_____

Unit Leader's Address, City, State, and Zip:_____

Daytime Phone:_____ Email:_____

2014 SUMMER CAMP FINANCIAL AID (CAMPERSHIP) APPLICATION

BE SURE TO READ CAREFULLY BEFORE COMPLETING FINANCIAL AID APPLICATION

PURPOSE: To provide supplemental funding for a registered Scout of the Cradle of Liberty Council attending a Cradle of Liberty Council summer camp, whose parents/guardians and unit leader certify is unable to pay the total cost. Further they acknowledge that the Scout is deserving of the award and sincerely interested in attending summer camp. ***Funding is limited and we ask only those with true needs apply for aid.*** Youth members are expected to earn their own way in Scouting and each unit should provide an opportunity for Scouts to participate in fundraising activities to help offset these costs.

RESTRICTIONS: It is required that the youth, his/her unit and his/her family make some contribution. ALL parts of the application must be completed. Applications are considered on the basis of the information supplied. Please ensure you provide a detailed explanation of need—"financial hardship" is not a sufficient reason. All applications are made on the basis of need. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Availability of financial aid awards is dependent on the council's ability to fund them. Funding is limited to no more than 50% of the camp fee. Please note that completion of this application DOES NOT guarantee financial assistance will be given, and receipt of 50% of the fee is NOT to be expected.

IMPORTANT DATES:

ALL applications MUST be received by March 1st. No money needs to be submitted with the application. Applications received after this date will only be considered IF funds become available.

Letters to both parents and unit leaders will be mailed out by March 24, 2014. Acceptance of the award and the $50 camp deposit must be received at the council office by April 7, 2014. All camp fees (less the amount awarded) must be paid in full BEFORE the campership is applied directly to the Scout's camp fee. Unit leaders will be able to see this in the online registration system.

If the request is denied, or the amount of the grant is less than requested the applicant will have until the unit's camp date to pay the balance of fees without penalty. Please note if paying at camp then the letter stating the amount of financial aid granted must be taken to camp so that the award can be applied to the Scout's account/unit account correctly.

ATTENTION CUBMASTERS AND WEBELOS LEADERS:

Current 5th graders who are crossing over to Boy Scouts should be advised to make arrangements to attend summer camp with the troop they intend to join. Being new to a troop is NOT a valid reason to apply for financial aid, and the troop may be going to an out of council camp would which not qualify them for financial assistance from Cradle of Liberty Council.

QUESTIONS: Contact the Camping Department at camping@colbsa.org or 484-654-9213.

It is highly recommended that all applications from a unit be submitted together.

Submit completed applications to:

Cradle of Liberty Council, BSA
Financial Aid Fund
1485 Valley Forge Rd
Wayne, PA 19087