

# Request for Longhorn Council Summer Camp Campership

For Longhorn Council Scouts attending Boy Scout summer camp at a Longhorn Council camp.

Troop No. \_\_\_\_\_ District \_\_\_\_\_ Scoutmaster \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Camp \_\_\_\_\_ Dates for Camp \_\_\_\_\_

Total Value of Campership Request \$ \_\_\_\_\_. Maximum award is 50% of Camp Fee (Summer Camp ONLY).

Reasons for Campership Request (be specific, attach supporting documentation): \_\_\_\_\_

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

Describe in detail EACH Unit Fund Raiser and the Scout's Participation during Past Year (Attach supporting documentation)

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

Prior Camping Experience \_\_\_\_\_

\_\_\_\_\_

## Required Signatures

### CHARTERING ORGANIZATION CERTIFICATION:

I certify on behalf of the Chartering Organization that the applicant cannot afford to attend camp without a campership and that Troop funds and projects have been considered and are not available to be provided to the applicant.

\_\_\_\_\_  
Head of Chartered Organization or  
Chartered Organization Representative

\_\_\_\_\_  
Chartered Organization Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact email

### UNIT CERTIFICATION:

I certify on behalf of the Troop Committee that the applicant cannot afford to attend camp without a campership and that Troop funds and projects have been considered and are not available to be provided to the applicant.

\_\_\_\_\_  
Troop Committee Chairman or Scoutmaster

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact email

### DISTRICT CERTIFICATION:

I certify on behalf of the District Committee that the applicant cannot afford to attend camp without a campership and that Troop funds and projects have been considered and are not available to be provided to the applicant.

\_\_\_\_\_  
District Committee Chairman or representative

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact email

\_\_\_\_\_  
District Camping Chairman or representative

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact email

### COUNCIL CERTIFICATION:

\_\_\_\_\_  
Council Camping Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scout Executive or representative

\_\_\_\_\_  
Date

**50% OF CAMP FEE MUST BE SUBMITTED WITH THIS APPLICATION FOR APPROVAL**

**DEADLINE: 5PM on the 4<sup>TH</sup> THURSDAY IN APRIL**

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Amount Paid \_\_\_\_\_