



Gloria Coyle Cub Scout Campership Request Form

Applications are due to Longhorn Council offices by May 1 of each year.

Turn in request complete with all signatures prior to registering youth for camp in the online registration system. Please register youth requesting assistance individually. Contact the camping registrar if you need assistance. The Cubmaster and the youth parent/guardian will be notified by the committee when a grant is awarded. **Maximum Award is 50% of camp fees for Longhorn Council Day Camps, Twilight Camps, or Cub Resident Camps only.**

Pack Number: _____ District: _____ Cubmaster: _____

Date youth joined unit: _____ Value of Campership Request: _____

Youth name: _____ Age: _____ Rank: _____

Address: _____, State: _____, Zip: _____

Phone contact of parent/guardian: _____

Parent/guardian name: _____

Reason for request: 150-word limit, please.

Describe the youth's participation in unit fundraising opportunities within the last year. If the youth is a new member (within the past 60 days, please indicate "new family")

Required Signatures:

I certify on behalf of the Pack Committee that the applicant will not be able to attend without further assistance and that Pack funds and projects have been considered and are not available to be provided to the youth sufficient to cover the expense incurred.

_____ Date: _____ Phone: _____

Pack Committee Chair or Cubmaster

Chartering Organization Representative Certification: I certify on behalf of the Chartering Organization that the youth cannot attend without further assistance and that Pack funds and projects have been considered and are not available to the youth sufficient to cover the expense incurred.

_____ Date: _____ Phone: _____

Chartering Organization Representative

I certify on behalf of the District Committee that the youth cannot attend without further assistance and that Pack funds and projects have been considered and are not available to the youth sufficient to cover the expense incurred.

_____ Date: _____ Phone: _____

Camp Director

Two Signatures Required for approval of the Gloria Coyle Cub Scout Campership:

_____ Date: _____ Phone: _____

Gloria Coyle Cub Scout Campership Rep.

_____ Date: _____ Phone: _____

Gloria Coyle Cub Scout Campership Rep.