

### Request for Longhorn Council Summer Camp Campership

Applications are due to Longhorn Council offices by May 13th 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 Assistant Director of Administration (jane.narvaez@scouting.org) if you need assistance . The Scoutmaster 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 Summer Camp.**

Troop Number: \_\_\_\_\_ District: \_\_\_\_\_ Scoutmaster: \_\_\_\_\_  
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 Troop Committee that the applicant will not be able to attend without further assistance and that troop funds and projects have been considered and are not available to be provided to the youth sufficient to cover the expense incurred.

\_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Troop Committee Chair or Scoutmaster**

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

\_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Two Signatures Required for approval of the Longhorn Council Summer Camp Campership**

\_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Longhorn Council Summer Camp Campership Rep.

\_\_\_\_\_ Date : \_\_\_\_\_ Phone : \_\_\_\_\_  
Longhorn Council Summer Camp Campership Rep.

**When the form is completed, please submit it to Rachel Joslyn at Rachel.Joslyn@scouting.org.**