

# CAMPERSHIP APPLICATION

(To be completed by the parent/legal guardian of registered Scouts only)  
For Day Camp/Resident Camp Application MUST be Attached

Applying for:

Cub Scout Day Camp  Cub Resident Camp  Webelos Resident Camp  Boy Scout Camp

PACK# \_\_\_\_\_ TROOP# \_\_\_\_\_ DISTRICT: \_\_\_\_\_

Dates Attending: \_\_\_\_\_ Camp Location: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ COUNTY \_\_\_\_\_

**ALL CAMPERSHIP REQUESTS MUST BE IN THE  
SCOUT SERVICE CENTER BY MONDAY, MAY 3, 2004.**

Return to Lincoln Heritage Council BSA  
Attn: Camperships  
P.O. Box 36273  
Louisville, Kentucky 40233-6273

Office Use Only  
\_\_\_\_\_

Amount of camp fee requested for this Scout is: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/2 \_\_\_\_\_ 3/4

Reason for need of Campership Funds: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

Does the family participate in the Free/Reduced Lunch School Program?  Yes  No

Does the Scout have a diagnosed disability?  Yes  No Please explain: \_\_\_\_\_  
(Additional funds have been designated for this group)

Single Parent Family  Yes  No

Other Scouts or family members attending camp: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

<u>Parent/Legal Guardian's Place of Employment</u>	<u>Job Title or Description</u>
Mother: _____	_____
Father: _____	_____
Guardian: _____	_____

**ALL INFORMATION WILL REMAIN CONFIDENTIAL.**