



## Campership Request Form



Date of Request: \_\_\_\_\_ (Financial Aid must be used within 60 days.) County Youth Resides in \_\_\_\_\_

Unit Type (Circle One): Pack Troop Crew Unit # \_\_\_\_\_

Scout's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Rank: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

**Please indicate below the public assistance programs the Scout's family receives.**

- |   |   |
|---|---|
| <input type="checkbox"/> Food Stamps or WIC       | <input type="checkbox"/> Housing Assistance     |
| <input type="checkbox"/> CHIP Health Care Program | <input type="checkbox"/> Medical/Disability SSI |
|   | <input type="checkbox"/> Other _____            |

What event will this assistance cover? \_\_\_\_\_

**I certify that I worked with the Scout's parents (or guardian) to create this plan to cover their event fees. Please note assistance only covers Gamehaven Council events. The Gamehaven Council will cover up to 50% of these costs.**

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Amount Scout's Family will pay    Amount Unit will pay    Scout's Fundraising Goal    Total Scout/Unit Contribution

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Cost of registration    Total from Above    Total Requested

Unit Leader's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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### OFFICE USE ONLY

SE Approval: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE ASSISTANCE RECEIVED: \_\_\_\_\_

Registration Fee assistance is charged to **1-8901-000-25 (=68901)**.  
After assistance is received, return a copy of this form along with any receipts to Barbara Swan.  
A copy must also be filed in Public Drive/Program/Activities & Program/Campership Applications.



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### WHO

The Gamehaven Council wants every scout to have the opportunity to fully participate in the scouting program and has financial support available for those who otherwise could not attend.

The leaders of Packs and Troops based in the Gamehaven Council are in the best position to have knowledge of Scouts and families in the Units who are most in need of assistance. By working through the Cubmaster or Scoutmaster, this will help identify any needs more accurately and readily. **This practice is not meant however to exclude parents or other leaders from directly applying for financial assistance if requirements are met.**

### FUNDING AVAILABILITY

The Gamehaven Council have limited funds and will be available on a first-come, first serve basis. Requests for needs-based assistance will be honored only when the Scout and their parents fill out the form on the back of this sheet.

### HOW

Submit completed applications directly to the Scout Service Center at: 511 Northern Hills Dr. NE, Ste.2, Rochester, MN or email to Barbara Swan at [Barbara.swan@scouting.org](mailto:Barbara.swan@scouting.org)

### QUESTIONS

For questions or information contact Barbara Swan (Office Manager) at 507-361-5340.