

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.