

## 2019 FINANCIAL AID (CAMBERSHIP) APPLICATION

*Please read all information on the back of this application before completing. Financial aid will be limited to youth with demonstrated need. Fill in ALL the blanks on the application. Incomplete applications will NOT be considered. The application must be received by April 1st. Scouts are expected to earn their own way in Scouting. Funding will be limited to no more than 1/2 of the program fee and is also dependent on the quantity of applications. Information will be kept confidential within the review committee*

### Program for which assistance is requested:

Dates program conducted: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_ District: \_\_\_\_\_ Chartered Org. Name: \_\_\_\_\_

Scout's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Household Type and Income: One Parent/ Two Parent One Income/ Two Income

Total Number of Tax Dependents in home: \_\_\_\_\_ Total annual family income: \$ \_\_\_\_\_

Public assistance received (include free or subsidized meals): \$ \_\_\_\_\_ Type of assistance(list): \_\_\_\_\_

Number of scouts in family attending a Cradle of Liberty Council Camp this summer: \_\_\_\_\_

List all scouts attending another BSA summer camp or High Adventure Base: \_\_\_\_\_

Parent/Guardian statement of financial need(continue on a separate sheet if need and should include details of families need):

**PLEASE COMPLETE ALL QUESTIONS FOR FULL CONSIDERATION**

Does your unit have a camp savings plan? Yes / No

If yes, did this Scout participate? Yes / No

Does your unit have a fundraising opportunity to help Scouts earn summer camp fees? Yes / No

If yes, what type of fundraiser: \_\_\_\_\_

Did this Scout participate? Yes / No

If no, why not? \_\_\_\_\_

Did the Scout participate in Popcorn or Camp Card Sales? Yes / No

Has this Scout ever received financial aid? Yes / No

Unit Leader's statement certifying financial need: \_\_\_\_\_

**All sections below must be answered. Enter \$0 if not applicable.**

Cost of Camp (early bird)	\$
Amount Scout will contribute (earned through fundraiser)	\$
Amount Family will pay (savings plan)	\$
Amount unit/sponsoring organization will contribute	\$
<b>Total Funds Raised</b>	<b>\$</b>
<b>Amount of Financial Aid Requested (this is the amount of camp less funds raised)</b>	<b>\$</b>

**I certify that to the best of my knowledge the information on this form is accurate:**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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***BE SURE TO READ CAREFULLY BEFORE COMPLETING FINANCIAL AID APPLICATION***

**PURPOSE:** To provide supplemental funding for a registered Scout of the Cradle of Liberty Council attending a Cradle of Liberty Council summer camp, whose parents/guardians and unit leader certify is unable to pay the total cost. Further they acknowledge that the Scout is deserving of the award and sincerely interested in attending summer camp. ***Funding is limited and we ask only those with true needs apply for aid – our assessment criteria is similar to the Federal Income Eligibility Guidelines.*** Youth members are expected to earn their own way in Scouting and each unit should provide an opportunity for Scouts to participate in fundraising activities to help offset these costs.

**RESTRICTIONS:** It is required that the youth, his/her unit and his/her family make some contribution. **ALL parts of the application must be completed.** Applications are considered on the basis of the information supplied. **Please ensure you provide a detailed explanation of need—**“financial hardship” is not a sufficient reason. All awards are made on the basis of need. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Availability of financial aid awards is dependent on the council’s ability to fund them. Funding is limited to no more than 50% of the camp fee. Please note that completion of this application **DOES NOT** guarantee financial assistance will be given, and receipt of 50% of the fee is **NOT** to be expected.

**IMPORTANT DATES:**

**ALL applications MUST be received by April 1st.** No money needs to be submitted with the application. Applications received after this date will only be considered IF funds become available.

Letters to both parents and unit leaders will be mailed out by April 25. Acceptance of the award and the camp deposit (\$50 for Resica Falls and \$30 for Cub Adventures at Musser) must be received at the council office by May 15. All camp fees (less the amount awarded) must be paid in full **BEFORE** the campership is applied directly to the Scout’s camp fee. Unit leaders will be able to see this in the online registration system. **Unit leaders should ensure that the Scout is added to their camp roster in the online registration system in order that the financial aid can be applied.**

If the request is denied, or the amount of the grant is less than requested the applicant will have until the unit’s camp date to pay the balance of fees without penalty. Please note if paying at camp then the letter stating the amount of financial aid granted must be taken to camp so that the award can be applied to the Scout’s account/unit account correctly.

**ATTENTION CUBMASTERS AND WEBELOS LEADERS:**

Current 5th graders who are crossing over to Scouts BSA should be advised to make arrangements to attend summer camp with the troop they intend to join. Being new to a troop is **NOT** a valid reason to apply for financial aid, and the troop may be going to an out of council camp which would not qualify them for financial assistance from Cradle of Liberty Council.

**QUESTIONS:** Contact the Camping Department at [camping@colbsa.org](mailto:camping@colbsa.org) or 484-654-9218.

It is highly recommended that all applications from a unit be submitted together.

***Submit completed applications to:***

**Cradle of Liberty Council, BSA  
Financial Aid Fund  
1485 Valley Forge Rd  
Wayne, PA 19087**