



ORDER OF THE ARROW CAMBERSHIP REQUEST FORM

SHENSHAWPOTOO LODGE #276

APPLICATION DEADLINE: MARCH 15th

The purpose of the OA campership program is to assist in making summer camp available to deserving Scouts who otherwise could not afford the attendance fees. **The campership program is not intended to provide all the camp fees.** Paying one's way to camp is a partnership between the unit (Pack, Troop), the chartering organization, the Scout, and his family, and the campership program. This program is for Shenandoah Area Council Scouts only attending the Camp Rock Enon Summer Camp program. Details of the application are kept confidential. The application **MUST** be filled out completely, and signed by both the parent and unit leader. **Incomplete applications will not be considered.**

CAMBERSHIP APPLICANT (SCOUT'S INFORMATION)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Age _____
Email: _____

SCOUTING INFORMATION

(circle) Pack / Troop / Crew # _____
District _____
Applicant's # of years in Scouting _____
Chartering Organization Name _____

FAMILY

Single Parent Both Parents Other _____
Total # in Household _____ # Under 18 _____
Total Yearly Family Income _____

CAMP EXPERIENCE SEEKING ASSISTANCE

(choose one)

- Tiger Cub Resident Camp
- Cub Scout Resident Camp (Wolf/Bear)
- Webelos Resident Camp
- Boy Scout Resident Camp
- Other _____

Is a parent attending camp as well? Yes / No
Is a Scout sibling attending camp as well? Yes / No
Have you received a campership in the past? Yes / No

Please provide an explanation for the need of a campership below

(to be completed by parent/guardian)

I, _____ certify that the above information is correct to the best of my knowledge and that I have verified the need for this campership request.

Parent / Guardian Name _____ **Signature** _____

FAMILY PARTICIPATION (COMPLETED BY PARENT/GUARDIAN)

Participation in Family FOS program yes / no
Participation in Popcorn sales yes / no

UNIT SUMMARY (COMPLETED BY UNIT LEADER)

Unit Family FOS Presentation? yes / no
If so, date of presentation _____

Participation in Popcorn Sales yes / no
If so, gross sales \$ _____

CAMP FEES AND ASSISTANCE

Total Camp Fee \$ _____
Contribution of Family \$ _____
Contribution of Unit \$ _____
Contribution of Chartering \$ _____
Organization

Total Assistance Requested \$_____

Important Information (please read carefully):

- 1) All OA camperships must be received by the published deadline. Late applications will not be considered.
- 2) No more than 1/2 of the total attendance fee will be granted.
- 3) All OA campership applications must be filled out completely. Incomplete applications will not be returned or considered.
- 4) The OA campership committee, made up of volunteers throughout the Shenandoah Area Council, reviews all campership applications. The decision of the OA campership committee is final.
- 5) Any campership granted is for the particular camp listed on the application. It cannot be transferred to another camp or Scout.
- 6) Camperships are not awarded to adults.
- 7) The remainder of the fee must be paid prior to attending camp. Camperships are based on the Early Bird fee. Additional fees may apply if all fees are not paid in full by April 15th Early Bird deadline.
- 8) Letters will be sent to the unit leader notifying them if a campership is granted, and in what amount.
- 9) Note that all youth that use Camp Rock Enon facilities, whether in a short-term overnight, or long term summer camp period are already subsidized, in part, by the Council's yearly operating budget which pays for taxes, camp rangers, maintenance, insurance, heat, light, etc. The community, through Friends of Scouting, popcorn sales, trust fund income, sponsorships, Order of the Arrow, donations to Camp Rock Enon, and campership donations helps pay this cost. Scouts from units that participate in Family Friends of Scouting and popcorn sales may receive first preference.

Unit Leader's Name _____ Signature _____
Email: _____ Phone _____ Date _____

Committee Chair _____ Signature _____
Email: _____ Phone _____ Date _____

Mail complete campership applications to: Shenandoah Area Council
107 Youth Development Court
Winchester, VA 22602
Or Email to: sacbsa@sac-bsa.org
Or FAX to: 540-662-2725

REPORT OF THE OA CAMBERSHIP COMMITTEE:	DATE RECEIVED: _____
<input type="checkbox"/> Approved \$_____	Date _____
<input type="checkbox"/> Disapproved	Date _____
Signed for the OA Campership Committee _____	