Long Term Campership Application

(For Central Florida Council Scouts Attending Camp La-No-Che)
All applications are considered based entirely on financial need and availability of funds.
Money is made available by private donors. Submit application to:

Central Florida Council Campership Committee
P.O. Box 489
Paisley, FL 32767
or E-mail to Pam@camplanoche.com

Complete the following application, including all signatures, and mail it to the address given above. Certification of the Scoutmaster or Committee Chairman is required. Camperships are rarely given for more than half of the camp fee since the Scout should earn part of the cost of attending camp. The Scout must be a registered Boy Scout in Central Florida Council. Applications must be received no later than **May 1, 2017** and will be reviewed in the order in which they were received. The Central Florida Council Camp Program Committee will review the applications and decide which camperships will be awarded. For all approved camperships, notification will be sent to the unit leader listed below. If a campership is awarded, it may be used only for the Scout to whom it is given during the week listed below. As part of the application, parents MUST describe the circumstances which justify the campership. Please list the financial reasons which caused you to submit this application. The information will remain confidential. This application will not be considered without the justification. I hereby apply for a campership for:

Name:	Troop:
Address:	District:
City, State, Zip code:	Home Phone:
E-Mail:	Amount Requested:
Did your troop Provide a means to earn fees? __Yes __No	Date Attending Camp:
Did you son Participate in the fundraising? __Yes __No	
Reason campership is needed (REQUIRED):	
(Continue on back of form or separate page, if needed)	
If the Scout is granted a campership, our troop will be responsible for helping him obtain a physical exam, transportation, and equipment needs before attending Summer camp at Camp La-No-Che.	
Scoutmaster or Committee Chair Signature:	
Position :	Phone #:
E-Mail:	