2026 Campership Application

APPLICANT INFORMATION

Scout's Legal Name: _____DOB: ___/____/_____

Scout's Member ID# _____Parents Name(s): _____

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ County: _____

District *(see page 2 for map)*:

Check one:

Frontier ☐ Mo-Kan ☐ Nih-Ka-Ga-Hah ☐ Ozark Howler ☐ River Trails ☐

Pack # _____ **Troop #** _____ **Crew #** _____

☐ **Boy** / ☐ **Girl**

2026 CAMP PROGRAM (check one)

- ☐ Arrowhead Scouts BSA Camp
- ☐ Cub Scout Resident Camp
- ☐ District Day Camp
- ☐ NYLT

Scouting America
Ozark Trails Council

Return completed application no later than ***May 1, 2026*** *to:*

Camp Arrowhead Est 1924

Ozark Trails Council
Scouting America
1616 S. Eastgate Ave.
Springfield, MO 65809

COUNCIL USE ONLY:

District _____ Council _____

Disapproved-Reason _____

_____

Amount: $_____ Date: _____

GENERAL INFORMATION

Note: Funds available for Camperships covered by this application come from funds restricted for use for **youth members** of the Ozark Trails Council attending Ozark Trails Council camp activities on **Council operated properties** and District Cub Scout Camps. Please read all instructions completely and fill in all spaces. Do not include extra paper with this application.

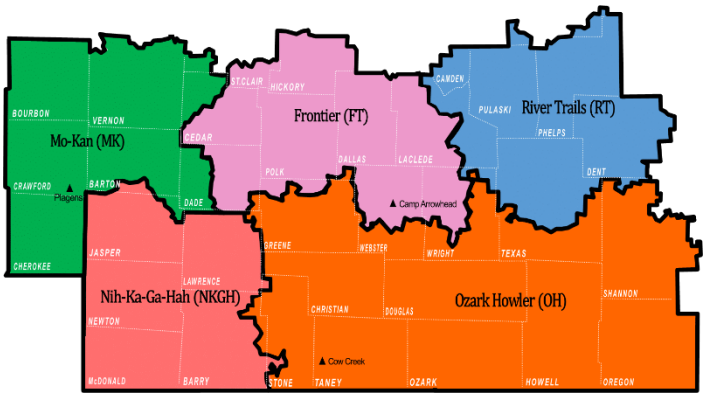
The Council Camping Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom this request is made.

Camperships are limited to no more than 50% of the activity cost. Each Scout, their family, or their unit should provide a minimum of 50% of the activity cost.

Camperships are not transferable, refundable and have no cash value. If a Scout is granted a Campership and does not go to camp, per the Refund Policy, the Unit is responsible for the full price of Camp unless the Ozark Trails Council is notified before the final payment date. Please view the Refund Policy in the 2026 Leader's Guide.

Applications must be submitted no later than May 1, 2026. Campership amounts will not be included on camp final billing invoices.

CAMPERSHIPS WILL NOT BE ACCEPTED AT CAMP!



INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay their own way. The Council Camping Committee is very interested in what the Scout has done to assist their family in providing him with this camping experience. This is a character-building opportunity for the scout to learn the importance of being THRIFTY.

FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the Scout to attend camp. Please notate other members of the family attending Ozark Trails Council camps.

UNIT ENDORSEMENT

This area is extremely valuable to the Council Camping Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's participation in the unit fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

In keeping with the policies of the Scouting America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

Please mark camp attending: Scout's Name _____

____Arrowhead Scouts BSA Camp ____ District Day Camp

____Cub Scout Resident Camp ____NYLT

Camperships are limited to no more than 50% of the activity cost. Each Scout, their family, or their unit should provide a minimum of 50% of the activity cost. Applications must be submitted no later than May 1, 2026.

***CAMPERSHIP REQUEST – (Must be completed. If not completed, application will be returned.)**

Cost of Camp:	$ _____
Less Cost Provided by the Family:	- _____
Less Cost Provided by the Unit:	- _____
Less Cost Provided by the Chartered Partner:	- _____
Net Campership Request:	$ _____

Max Campership
Arrowhead $185
Cub Scout $90
NYLT $130
Day Camp $15

Briefly, explain what the Scout has done to earn a portion of their camp fee. Include Council, unit, and individual fundraising activities.

□Popcorn Sales Year(s): _____

_____

_____

***FAMILY INFORMATION**

This section must be completed by the Scout's family. Briefly, describe the circumstances that require campership assistance for the Scout to attend camp.

_____

_____

_____

_____

****Total yearly household income* $_____ (must be completed)**

Does this child qualify for the Federal Free or Reduced Lunch program at school? (circle one)* ☐ ***YES* ***NO*** ☐

**Name and Age of Other Children (under 18) in the home NOT including applicant*:

1._____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Parent Signature: _____ Date: _____

***(Must be completed. If not completed, application will be returned)**

Scout's Name _____

Registered youth members who cannot pay the full cost of attending council Scouting events may apply for limited financial assistance (campership). This fund assists deserving youth members to attend local council events with a percentage of the cost based on need but is not intended to provide the full fee. Families, units and/or the chartered partner are expected to provide a substantial portion of the fee. **Campership is aid for only <u>ONE</u> camping experience and is not transferable to another camp or Scout.**

Applicants for camperships MUST be a currently registered member of the Ozark Trails Council, Scouting America. ***Applications for unregistered persons, <u>incomplete applications</u> and applications without proper signatures will be returned.***

*<u>**If a Scout is granted a Campership and **does not go to camp**, per the Refund Policy, the Unit is responsible for the **full price of Camp** unless the Ozark Trails Council is notified before the final payment date.</u>*

<u>UNIT ENDORSEMENT</u>

**Please provide as much information as possible to assist the Council Camping Committee in evaluating this application.*

_____

_____

_____

_____

_____

Is this Scout a newly registered youth within the last year?
Yes - Date Registered _____ No ☐

Does Unit sell popcorn? Yes ☐ No ☐

Unit Leader Name: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: (_____)_____ Email: _____

Signature: _____ _____
(Unit Leader) (Registered Position)