



# TWIN RIVERS COUNCIL, BSA

253 Washington Avenue Extension  
Albany, NY 12205  
(518) 869-6436  
[www.trcscouting.org/camping](http://www.trcscouting.org/camping)

## CAMPERSHIP APPLICATION

Limited funds are available for camperships for Scouts who could not otherwise afford to attend a Twin Rivers Council summer camp. The camperships are subject to the following conditions:

- 1) The Scout's family should pay as much as possible.
- 2) The unit or chartered organization should pay as much as possible.
- 3) The unit should provide money-earning fundraising opportunities for Scouts.
- 4) Applications should be submitted only for the balance needed after the above sources are exhausted.
- 5) The maximum amount requested for a campership is based on the camp attending:
  - Scouts BSA Resident Camp \$160.00
  - Cub Scout Resident Camp \$100.00
  - Cub Scout Day Camp \$50.00

## **APPLICATION DEADLINE: APRIL 1, 2020**

The unit's camp contact person will be notified by April 20, 2020 if a campership has been approved and if so, the amount.

### **2020 Twin Rivers Council Camp Fees (TRC Loyalty Program rates)**

- Scouts BSA Resident Camp \$475.00
- Cub Scout Resident Camp \$250.00
- Cub Scout Day Camp \$150.00

### **Camperships are based on Financial Need**

Both pages of the application are REQUIRED.

Unit leader signature is REQUIRED.

Applicants may submit additional documentation of extenuating circumstances.



**Amount**

Camp Fee (from page 1) \$ \_\_\_\_\_

Amount family is able to pay (minus) \$ \_\_\_\_\_

Amount Unit is able to pay (minus) \$ \_\_\_\_\_

Campership Request \$ \_\_\_\_\_

*(not to exceed amount on page 1)*

**Unit Committee**

We, the Unit Committee, feel this Scout should have an opportunity to go to a summer program.

Because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

Name and email address of unit camp contact (for notification of campership awards):

\_\_\_\_\_

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**Council Office Use**

Received on \_\_\_\_\_

Application:    Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Campership Committee Representative

Date: \_\_\_\_\_