

REQUEST FOR FINANCIAL ASSISTANCE

Camp Fund, Inc.
2925 Brian Place
Manhattan, Kansas 66503

Camp Fund Inc. has helped many Scouts with financial support for summer camps, high adventure treks and other Scouting activities, and in infrequent circumstances, uniforms, books, and other scouting related items since 1987. *When family finances AND unit earning opportunities cannot provide sufficient funds to cover scouting expenses*, Camp Fund, Inc. makes financial assistance available to help youth under the age of 18, enjoy the opportunities Scouting has to offer.

Camp Fund Inc. is a not-for-profit organization and is not affiliated with the Boy Scouts of America. The Camp Fund Inc. board is made up of a group of adult volunteers who believe highly in the Scouting program and the values that the program teaches. All board volunteers are experienced, past or present, Scout Leaders and believe that all Scouts should have an equal opportunity to enjoy Scout activities no matter what their financial situation is.

Camp Fund, Inc. meets regularly from September through May and will consider applications during this time frame. Only for special reasons will applications be considered outside this time frame.

This application was created to help the Camp Fund Inc. board know why financial aid is necessary. Camp Fund, Inc. assures you that all information is held in strict confidence.

With a Scout Leaders help - Please check the box for the program or other needs that financial assistance is requested. Scout Leader please be sure the information below is complete and accurate. PLEASE PRINT AND SIGN LEGIBLY!!!!!!

PROGRAM: (Only one Scout and one program box checked per application)

- | | |
|---|--|
| <input type="checkbox"/> Scout Resident Camp | <input type="checkbox"/> Scout High Adventure Trek |
| <input type="checkbox"/> Cub Scout Day Camp | <input type="checkbox"/> Cub Scout Resident Camp |
| <input type="checkbox"/> Other activities or supplies – please indicate _____ | |

Applicants Name (Print): _____ Unit: _____

Age: _____ Rank: _____ # Years registered with unit: _____

Camp or Activity wanting to attend: _____

Session dates: _____ / _____

Total registration fee for camp or other activity attending: _____

Cost of (Other Items) as requested above: _____

TOTAL AMOUNT OF REQUEST: \$ _____

(OVER)

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Unit Leaders please explain the family circumstances surrounding the need for financial assistance. ALL INFORMATION IS CONFIDENTIAL (use additional page if necessary):

This financial assistance is for the current open program season only.
The Parent/Guardian AND the Cubmaster/Scoutmaster or Unit Committee Chair MUST sign this application

Approved (Parent/Guardian): _____ Date: _____

Relationship of above signature: _____

Approved (Unit Leader) _____ Date: _____

Unit position of above signature: _____

**Checks are issued to the Unit on behalf of the scout and shall be used only for the request above.
PLEASE PROVIDE THE PERSON & ADDRESS TO SEND CHECK (normally the unit treasurer):**

Name/Unit Name & number: _____

Address/City/State/Zip: _____

Camp Fund, Inc. Usage Only

Application Received on Date: _____

Application for (Scout Name/Unit/Event): _____

Reviewed on: _____ Amount Requested: \$ _____

Application was: Approved: Amount: \$ _____ Disapproved:

Signed: _____ President, Camp Fund, Inc.

Signed: _____ Secretary, Camp Fund, Inc.