

# CAMPERSHIP PROPOSAL APPLICATION

(For In-Council Units Only)

Before any work is done, complete and return this form to the Council Service Center for approval.

UNIT \_\_\_\_\_ DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Youth Member's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Unit Leader's Name

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

IF APPROVED, CAMPERSHIP EARNINGS WILL BE USED FOR: \_\_\_\_\_

Camp Fee: \$ \_\_\_\_\_ Amount from Family/Unit \$ \_\_\_\_\_ Campership Requested \$ \_\_\_\_\_

DESCRIBE PROPOSED PROJECT AND ITS BENEFIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ representing \_\_\_\_\_

I certify that our family would be unable to afford this camping experience without assistance from the Campership fund.

\_\_\_\_\_  
Youth Member Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Unit Leader Approval

(Office Use Only)

**COUNCIL APPROVAL TO BEGIN PROJECT**

YES \_\_\_\_\_ NO \_\_\_\_\_

Recommended Changes (If project is completed with recommended changes, it will be approved)

Approved by: \_\_\_\_\_

Signed for District

\_\_\_\_\_

Signed for Council

\_\_\_\_\_

Date

# CAMPERSHIP PROJECT COMPLETION REPORT

After the project has been approved by the Campership Committee and completed (with any recommended changes), this report is to be completed by the youth member and the unit leader and submitted for final approval.

Describe what was done for your Campership project:

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How long did the project actually take? \_\_\_\_\_

How did the recipient benefit from your project?

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What did you learn from this project?

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*I certify that I have completed this project to the best of my ability.*

\_\_\_\_\_  
Youth Member Signature

\_\_\_\_\_  
Parent/Guardian Signature

*I certify the project was completed to my satisfaction and recommend granting this campership.*

\_\_\_\_\_  
Unit Leader Signature

Return completed form to:      Camping Secretary  
   Erie Shores Council, BSA  
   P.O. Box 8728  
   Toledo, Ohio 43623

(Office Use Only)	
Date Report Received _____	Amount Authorized _____
Activity _____	Account Number _____
Date Credit Issued _____	Entered by _____
Date Unit Notified _____	Notified By _____