

**Camp Cedar Valley Alumni  
Scout Campership Application**

**Scout Applicant Information**

Scout Name \_\_\_\_\_ Age \_\_\_\_\_ Troop \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Time in Troop \_\_\_\_\_ Current Scout Rank \_\_\_\_\_ Years Cub/Webelos Scout \_\_\_\_\_  
Years Attended Camp \_\_\_\_\_ Arrow of Light? Yes / No (circle)  
Troop Leadership Positions Held If Any? \_\_\_\_\_

**Camp / Program Information**

Camp / Program Name \_\_\_\_\_  
Council Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Camper Fee Costs \_\_\_\_\_ Other Costs to Attend (program related) \_\_\_\_\_

**Financial Resources / Needs**

Amount Scout Anticipated to Earn / Receive From Other Sources? \_\_\_\_\_  
Amount of Campership Requested? \_\_\_\_\_  
Reason Scout Needs Assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What Efforts is Scout Making to Earn His Way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor Information / Other Details**

Requestor Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best Time to Call? \_\_\_\_\_

Position Held in Unit: Scoutmaster \_\_\_\_ Committee Chairperson \_\_\_\_

Are You Related to the Scout? Yes / No (circle)

If Campership is Awarded, it should be sent to:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Council Payable to \_\_\_\_\_

I have read the Cedar Valley Alumni Scout Campership Policy and understand that if a campership is awarded for the Scout named above, that the money received may only be used for his benefit at the camp / program indicated. If that Scout is later unable to attend the camp / program, I understand that I will need to return the funding to the Cedar Valley Alumni so that it may be used to help another worthwhile Scout.

\_\_\_\_\_  
(Requestor Signature)

\_\_\_\_\_  
(Request Date)

Submit to: Cedar Valley Alumni Campership, 302 West School Street, Brookland, AR 72417

If additional space is needed please use the space below or up to one additional sheet of paper.

Date Received \_\_\_\_\_ Information Complete \_\_\_\_ Date Reviewed \_\_\_\_\_

Meets Policy \_\_\_\_ Campership Awarded \_\_\_\_ Amount Awarded \_\_\_\_ Check Issued \_\_\_\_\_