



SCOUTING AMERICA, NEW BIRTH OF FREEDOM COUNCIL 2025 CAMBERSHIP APPLICATION

Please read the following carefully before completing the application

The New Birth of Freedom Council believes that every Scout should be given an opportunity to take part in a summer outdoor experience. The Campership Fund was established to ensure that Scouts who, without financial assistance, would not be able to attend camp. Information provided on all applications is handled with the utmost discretion and shared on a strict need-to-know basis.

Funding is limited, and we ask only those with a true need to apply for a campership. Youth members are expected to help earn their way in Scouting, and each unit should allow Scouts to participate in fundraising activities. Teaching youth members to be self-reliant and to earn their own way is an integral part of the Scouting program. Verification that Council assistance is needed to help pay for any summer camp program is required by both a parent/guardian AND a unit leader.

All applications are considered based solely on financial need. Please complete this application, indicating your financial situation and why you feel financial assistance is necessary. Assistance is normally granted for up to 50% of the camp attendance fee. Depending on available funding that year, a limited number of campership awards greater than 50% of the camp fee may be provided based on financial need.

Completing this application does not guarantee a campership grant or a particular amount.

Other points of consideration as you complete the application:

- Camperships are for New Birth of Freedom Council Scouts attending New Birth of Freedom Council camping programs only.
- Each Scout requesting financial aid must fill out a separate form.
- Camperships will be provided for only ONE camp/week/session if attending multiple weeks/camps.
- The deadline for submitting a campership application is April 11, 2025.
- Applications may be submitted after the due date, however, keep in mind that all available campership funds may have already been distributed.
- All requests will be considered confidentially. Families will be notified if financial assistance is awarded after the committee meets.

- Each recipient is encouraged to write a letter about their experience at camp to the Council.
- Amount of request is not a guarantee of campership amount granted.
- Applications must be approved by the unit.
- **ALL requested information must be completed, including signatures. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.**
- To be eligible for a campership, the applicant's family must be below the following guidelines (based on the total pre-tax income of the family and the number of people in the family. Please see chart below.
- Extenuating circumstances are considered when determining eligibility (e.g. if a family has extraordinary circumstances that reduce their income to or below the ranges listed.) Please list these on the application form.

Household Size	Annual Income Before Tax	Monthly Income Before Tax
1	\$30,120	\$2,510
2	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
6	\$83,920	\$6,993
7	\$94,680	\$7,890
8	\$105,440	\$8,787
For each additional family member, add	+ \$10,760	+ \$897

Please return completed applications to:

New Birth of Freedom Council
 1 Baden Powell Lane
 Mechanicsburg, PA 17050
 Attention: NBOF Camperships

**SCOUTING AMERICA, NEW BIRTH OF FREEDOM COUNCIL
CAMBERSHIP APPLICATION**

- Family Camp
- Cub Scout Adventure Camp
- Cub Scout Camp
- Webelos/AOL Camp
- Pack Camp
- Scouts BSA Summer Camp (Tuckahoe)

Unit Type: _____ #: _____
(Pack or Troop)

District: _____

Dates Attending Camp: _____

Did the Scout attempt to help earn their own way?
_____ (Yes or No)

Examples include: Camp card or popcorn sales; unit money-earning projects; mowing lawns, raking leaves, etc.

Youth Full Name: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Address: _____
Street city zip code

Parent/Guardian Email: _____

Unit Leader's Name: _____ Daytime Phone: _____

Total people in the household? _____ Annual family household income \$ _____

Parent/Guardian statement of need (be specific and attach additional sheets if needed):

COST OF CAMP: \$ _____

SCOUT'S EARNINGS: \$ _____

FAMILY'S CONTRIBUTION: \$ _____

CAMBERSHIP REQUEST: \$ _____
(generally not to exceed 50% of cost)

Office Use Only:

Denied Approved

\$ _____

By: _____

Date: _____

Notes: _____

CERTIFICATION SIGNATURES:

Parent of Scout

I endorse this request:

Unit Leader