Recognizing the need of some of our youth members for financial assistance to attend certain Scouting events, a limited financial scholarship fund has been developed to help as many deserving youth members as possible. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. **ALL INFORMATION MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED UNACCEPTED.**

Funds are allocated to help youth attend day or resident camp on a limited basis. Applications must be submitted 30 days prior to the final payment being due to the Midnight Sun Council Service Center, 1400 Gillam Way, Fairbanks, AK 99701.

**CAMPERSHIP GUIDELINES**

1. All applicants will need to have fulfilled the following requirements: Participated in popcorn sales, family donated to FOS, and you will need to have 30 hours of recorded service hours, this can be accomplished using hours from unit, council, community, and the Order of the Arrow (**ONLY 20 HOURS ARE ALLOWED FROM THE ORDER OF THE ARROW**).

2. All applications will be reviewed and approved or denied by the Midnight Sun Council, Scholarship Committee, and the Scout Executive or designee.

3. The funds from this campership are only available for the Midnight Sun Council Camping programs only. These funds are **not** available for any other Council’s camping program.

4. Campership funds once awarded are not transferable to another youth. If the youth that was awarded the funds does not attend camp, that campership is forfeited.

5. The Midnight Sun Council will only grant camperships under **extreme hardships** for up to $250.00 of the program fees. Normally, the maximum of $250.00 is not granted.

6. Campership funds will only be paid by the Council prior to the final payment for camp. There are no reimbursements through camperships.

CJ Stewart  
Director of Camping Services  
Midnight Sun Council – BSA  
1400 Gillam Way  
Fairbanks, AK 99701  
(907) 452-1976
ALL INFORMATION MUST BE FILLED IN OR THE APPLICATION WILL BE RETURNED UNACCEPTED.

YOUTH NAME: _______________________________  AGE: ____________

ADDRESS: ________________________________  CITY: ____________________, AK

ZIP CODE: ____________  HOME PHONE: ________________  CELL: __________________

E-MAIL: ________________________________  PACK/TROOP # _______

ATTENDING WHICH CAMP:

DAY CAMP: ______  CUB RESIDENT CAMP: ______  BOY SCOUT SUMMER CAMP: ______

DATE OF CAMP: __________________________

PARENT INFORMATION:

FATHER’S NAME: ____________________________

FATHER’S EMPLOYER: ________________________

MOTHER’S NAME: ____________________________

MOTHER’S EMPLOYER: ________________________

SIBLINGS NAMES (still living at home)

________________________  __________________________

________________________  __________________________

State the specific financial need(s) which make it impossible for the entire fee for camp to be paid by the family.

______________________________________________________________________________

______________________________________________________________________________

TOTAL YEARLY INCOME: Circle one Please

____ Under $18,000  ______ $18,001 - $22,000 ______ $22,001 - $26,000 ______ $26,001 - $30,000

____ $30,001 - $34,000 ______ $34,001 - $38,000 ______ $38,001 - $42,000 ______ $42,000 - $60,000

____ Over $46,000

CONTINUED THE BACKSIDE OF THIS FORM
How much of the fee will be paid by the family: $ ____________

How much of the fee will be paid by the unit: $ ____________

How much of the fee will be paid by the Charter Organization: $ ____________

Did the youth participate in popcorn sales: YES _______ NO _______

Did the family contribute to the unit FOS Campaign: YES _______ NO _______

You will need to have 30 hours of recorded service hours, this can be accomplished using hours from;

(PLEASE FILL IN THE HOUR AMOUNT IN WHICHERVER AREA)

Unit: _______ Council: _______ Community: _______ and Order of the Arrow: _______

(OONLY 20 HOURS ARE ALLOWED FROM THE ORDER OF THE ARROW)

We would like to request financial assistance in the amount of $ ____________

_________________________ ____________________
Parent/Guardian signature Date

_________________________ ____________________
Unit Committee Member Date

_________________________ ____________________
Cubmaster/Scoutmaster Date

OFFICE USE ONLY:

EMPLOYEE ACCEPTING APPLICATION: ________________________________

DATE RECEIVED: _________ AMT APPLIED FOR: _________ DATE REVIEWED: _________

APPROVED DATE: _________ AMOUNT RECEIVED: _________ DENIED DATE: _________

_________________________ ____________________
Scholarship Committee Member Scout Executive or designee