

Camp Fee Assistance Form

The Lincoln Heritage Council financial assistance application must be filled out completely by a parent or guardian. Funds are limited to need and availability.

Cub Scout Day Camp (Write Location Below)	Boy Scout Summer Camp at Camp Crooked Creek
Cub Resident Camp at Tunnel Mill	Boy Scout Summer Camp at Roy C Manchester
Cub Resident Camp at Camp Crooked Creek	National Youth Leadership Training (NYLT)
Cub Resident Camp at Roy C Manchester	Winter Camp
Webelos Resident Camp at Tunnel Mill	
Webelos Resident Camp at Camp Crooked Creek	
Webelos Resident Camp at Roy C Manchester	

Note: Financial Assistance is not awarded for any camps until the year that the camp is being held. If you mark a camp during the fall, you must re-apply in the new year for the camps the following year.

Please write in the Day Camp your Scout is attending: _____

District: _____ Unit Type: Pack / Troop / Crew Unit #: _____

Scout's Name: _____ Date of Birth: ____/____/____ Phone: _____

Email: _____ Current Grade Level in School: _____

Parent/Guardian Name: _____ Address: _____

City: _____ State: _____ County: _____ Zip: _____

Parent/Guardian Place of Employment :(Father) _____

Parent/Guardian Place of Employment: (Mother) _____

Annual household Income including child support, alimony, and government assistance \$ _____

Our family will financially assist by providing \$ _____ toward the above requested item(s).

Reason for request: _____

Do you receive any government assistance? Explain: _____ Yes No

Does the Scout live in a single parent family? Yes No

Does the Scout participate in the annual popcorn sale? Amount sold _____ Yes No

Does your unit support the Family Friends of Scouting Campaign? Yes No

Does the Scout participate in the annual Camp Card Sale? Amount sold _____ Yes No

The Lincoln Heritage Council has my permission to use this information to obtain data from the local school district for purposes of reporting to the United Way & other foundations. Yes No

Scout's most recent report card grade in Math _____ and Reading/Language Arts _____

Does the Scout have any disabilities? Yes or No. If yes, what type _____

How long has your Scout been in Scouting? _____

Number of children under 18 in household _____

Parent/Guardian Signature: _____ Date: _____

Thank you for involving your son in Scouting!!

Return to: Lincoln Heritage Council, BSA
12001 Sycamore Station Place
Louisville, KY 40299
Or Fax to: (502) 361-7899

ALL INFORMATION WILL REMAIN CONFIDENTIAL