



2026 Application for Campership Assistance

Please use separate form for each applicant



All sections/signatures must be complete or the application will be **REJECTED**
A summer food service must be obtained at the Scout Office and accompany this form.

Youth Name: _____

Address: _____ City: _____ Zip: _____

Youth E-mail Address (if applicable): _____

Scout Parent/Guardian Email: _____ Phone # _____

Unit Type & Number: _____ Chartered Organization: _____

Camp Lavigne

Date attending camp: _____

- | | |
|---|----------|
| 1. Amount that the Scout will personally provide from any fundraisers. | \$ _____ |
| 2. Amount that the parent/guardian will provide | \$ _____ |
| 3. Amount that the Unit and/or Chartered Organization will provide | \$ _____ |
| 4. 2026 Camp Lavigne Registration Fee (See Reverse Side) | \$ _____ |
| 5. Total amount of money provided for Scout <i>Add lines 1 through 3</i> | \$ _____ |
| 6. Amount of Campership Assistance requested <i>Subtract line 6 from line 5</i> | \$ _____ |

Note: Campership assistance generally will not exceed one half of the camp fee

If your Scout is a Cub Scout, please indicate what their rank will be on June 1. _____

Does your Unit offer opportunities for the Scout to participate in Council money-earning projects such as the Popcorn or Peanut Sales? Yes / No

If yes, which projects has the Scout participated in this year and list approximate sales? If No, why not?

Parent/Guardian statement explaining detailed need for assistance: _____

Family's annual income \$ _____ Number of children in household: _____

Do you/ your scout receive any type of public assistance? Yes / No

If yes, you MUST provide official proof (Case Number) on the Summer Food Service Form. (Only one Summer Food Service Form is required per family – form is available at the Scout Office)

Anyone requesting a campership must fill out the summer food service form.

Parent/Guardian Signature: _____ Date: _____

Unit Recommendation: _____

Did your Unit participate in the 2025 Friends of Scouting (FOS) Campaign? Yes / No

Scoutmaster Signature: _____ Date: _____

AND

Chartered Organization Rep. or Committee Chair Signature: _____

Application Deadline is April 1, 2026

Return to: Columbia-Montour Council BSA * 5 Audubon Court * Bloomsburg, PA 17815

Phone: (570) 784-2700 * www.columbiamontourbsa.org

All information on this form will be kept confidential and used only by the committee determining the Camperships.

Camp the Scout Will Attend (Circle Only One)

Fee

Traditional Boy Scout Camp – July 5 - July 11, 2026

\$550.00

Wilderness Living – July 5 – 11, 2026

\$550.00

Cub Scout Resident Camp – July 12 to July 16, 2026

\$375.00

A Campership is need-based financial aid granted by the Columbia-Montour Council to a Scout needing monetary assistance to attend Camp Lavigne. Community contributions and other fundraisers comprise this fund. It is a limited resource depending on the amount of funds available. By maximizing the amount you can contribute toward your Scout's camp fees, you help ensure that other Scouts can also attend Camp Lavigne.

Camperships are granted for one camp period only.

****Note:** Camperships are applied to the full camp rate not the discounted rate.

Campership Requirement Check List

_____ All signatures obtained and questions are answered on this form

_____ Summer Food Service Form filled out signed with TANF # OR family income attached

We want every Scout to be able to attend Summer Camp, but we need the information listed to fairly distribute assistance. For this reason, if all forms are not filled out completely your campership will be rejected.

<i>For Council Use Only</i>	<u>Council Action</u>	
Cost of Camp	\$ _____	Invoice #: _____
Campership Amount Granted	\$ _____	
Balance Due Prior to Camp	\$ _____	
Date and Invoice # of Final Payment _____		
Member of Camping Committee Signature: _____		
Date: _____		

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