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 Roy C Manchester		Winter Camp
	Webelos Resident Camp at Tunnel Mill		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: _____

Our family can provide $ _____ toward the camp fee.

Reason for request: _____

Do you qualify for free or reduced lunch? Yes ☐ No ☐

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

If yes, what type _____

How long has your Scout been in Scouting? _____

Parent/Guardian Signature: _____ Date: _____

Our unit will provide $ _____ toward the camp fee.

Unit Leader Signature: _____ Date: _____

Thank you for involving your son in Scouting!!

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

ALL INFORMATION WILL REMAIN CONFIDENTIAL
revised 3/6/2017

FOR OFFICE USE ONLY

Family Contribution: _____

Unit Contribution: _____

Council Support: _____

Staff Member Approval: _____

Date of Approval: _____

Approval Mailed Date: _____