

# Croatan Lodge Camp Boddie Campership Application

The purpose of the Order of the Arrow Campership is to provide financial assistance to those Boy Scouts who could not attend summer camp without financial help. This is not a scholarship. Due to limited resources, please submit only those names that sincerely need financial help. The troop must be registered to attend camp in order for the application to be considered. Please type or print clearly.

**Application will be returned if all information is not complete. Deadline – March 15<sup>th</sup>**

## Applicant

Scout's Name: \_\_\_\_\_ Troop #: \_\_\_\_\_

Scout's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parents / Guardians Names: \_\_\_\_\_

Rank: \_\_\_\_\_ Age: \_\_\_\_\_ Years in Scouting: \_\_\_\_\_

## Scoutmaster Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Campership Questionnaire (Attach additional sheets if more space is needed.)

Give specific reasons why this scout needs financial assistance to attend summer camp:

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## How much money has been contributed toward the Scout's Summer Camp?

Scouts contribution \$ _____	How much has the scout earned through troop
Parents contribution \$ _____	functions (popcorn sales, fundraisers, car
Troops contribution \$ _____	washes, etc.) toward camp? \$ _____

How much are you requesting the OA to assist with? \$ \_\_\_\_\_

Which week is your troop registered at Camp Boddie? \_\_\_\_\_

## Application Approval (Two signatures are required.)

We certify that the above listed applicant is in need of financial assistance. The troop has exhausted all means and provided all possible funding. Without financial help, this scout will not be able to attend summer camp this year.

Scoutmaster's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ----- For Committee Use Only -----

**Mail to:** Croatan Lodge Camperships

Attn: Julie Sanderson

P.O. Box 1698

Kinston, NC 28503

Approved / Disapproved

Date: \_\_\_\_\_

Amount of Assistance Awarded \$ \_\_\_\_\_