



Campership Application Process

Each year, partial Scout camp fees are awarded to those Crossroads of America Council Scouts who wish to go to camp but are unable to pay the full cost. This money is given in return for service to the school, to the church or synagogue, or to the Scout's chartered organization.

Camperships can be awarded for **up to 50%** of the early program fee. " The program is designed to help a **low-income** youth who could not otherwise afford to go to a camp program.

To participate, the Scout must:

- 1) Identify a "good turn" service project. This should be a project of the Scout's own choosing. Unit service projects such as Scouting for Food do not qualify, nor do service projects completed as part of a Scout's advancement program. The project should involve a significant number of hours and effort on the scout's part, appropriate for their age.
- 2) Secure youths Scout leader's approval that the project is worthwhile.
- 3) Fill out this Campership application.
- 4) Complete the project to the satisfaction of youths Scout leader. The Scout leader will verify project completion at camp.

If your unit is going to an out-of-council camp, your Scout may still apply for a campership. In the application below, you will be asked for information on where to send the out-of-council payment, if a campership is awarded. **If this information is not complete, any award will not be processed.**

Please note that Campership awards are **NOT** guaranteed.

IMPORTANT! NEW THIS YEAR!!

No March 1st deadline!! Decision will be based solely on the Scout's family financial status, **therefore pages 3 & 4 MUST be filled out completely.**

Make sure you fill out ALL information requested on the form and email it to Reem Okar at reemokar@crossroadsbsa.org or mail it to 7125 Fall Creek Road North, Indianapolis IN 46256.

2019 Campership Application

Parent's Information

Full Name: _____
Phone Number: _____
Email Address: _____

Scout's Information

Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Did the Scout participated in the unit's Popcorn sale? _____ Yes _____ No

Unit Information

Council: _____
District: _____ Unit Type: _____ Pack _____ Troop _____ Crew/Ship
Unit Number: _____
Unit Leader Full Name: _____
Unit Leader Email Address: _____
Service Project Type: _____
Name of Organization will benefit of the Service Project: _____
Service Project Date and Number of Hours Dedicated to it: _____

Camp Information

Campership is requested for attendance at (if you already registered please mention registration#):

- _____ Ransburg Summer Camp
- _____ Krietenstein Summer Camp
- _____ Baden Powell Merit Badge Camp
- _____ Dan Beard First Class Camp
- _____ Belzer Day Camp
- _____ Adventure Camp at Kikthawenund
- _____ District Day Camp:
 - _____ Bear Creek _____ Golden Eagle _____ Sakima
 - _____ Hou Koda _____ Pathfinder _____ Sugar Creek _____ Wabash Valley
- _____ Out OF Council Camp

Camp name and location _____

Camp Early bird fee: \$ _____

Amount of Campership Requested (maximum amount awarded is 50% of the camp fee) \$ _____

Contributions towards camp fee (from scout, scouts family, unit, Charter Organization, or/and other)

\$ _____

2019 Household Application for Campership

Complete one application per household.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	Grade	Student?		Foster Child	Homeless, Migrant, Runaway	
						Yes			No
						<input type="checkbox"/>			<input type="checkbox"/>
						<input type="checkbox"/>			<input type="checkbox"/>
						<input type="checkbox"/>			<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X

X X

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address (if available)	Apt #	City	State	Zip		Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Printed name of adult signing the form		Signature of adult				Today's date

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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