

Thomas H. Baer Memorial Campership Fund

Application for Assistance with Camp Fees

Great Smoky Mountain Council Members Only

Absolute Deadline: April 3, 2010

Troop Number _____ District _____

Name of Scoutmaster _____

Scoutmaster's Telephone (_____) _____

Name of Scout _____

Parent's or Guardian's Name(s) _____

Address _____

City _____ State _____ Zip _____

Scout's Age _____ Years in Scouting _____ Rank _____

Explain why this Scout needs help with Camp expenses _____

Has your Troop participated in a Council-sponsored money-earning project this year? _____

If "YES" list the project(s) _____

Has your Troop held or worked on a money-earning project this year? _____

If "YES" list the project(s) _____

Total Camp fees \$ _____ Amount requested from Campership Fund (up to \$92.50) \$ _____

Signed by Scoutmaster _____ Date _____

For Office Use Only

Date Received in Council Office _____ Amount of Campership Awarded \$ _____

APPENDIX E