

CAMPERSHIP APPLICATION
(Please Print)

APPLICANT:
 Name: _____ Age: _____
 Street: _____
 City: _____ State: _____ Zip: _____ County: _____
 Pack/Troop# _____ District: _____
 Did this Scout participate in the last council popcorn sale? Yes No

Camperships are granted based on a family's financial need as well as availability of funds. Consult the chart below as a guide to see if your family qualifies for this program.

Household Size	Annual	Month	Week
-1-	20,036	1,670	386
-2-	26,955	2,247	519
-3-	33,874	2,823	652
-4-	40,793	3,400	785
-5-	47,712	3,976	918
6	54,631	4,553	1,051
-7-	61,550	5,130	1,184
-8-	68,469	5,706	1,317
For each additional family member add	+ 6,919	+ 577	+134

State any special financial situation, which makes it impossible for the entire fee to be paid by the family:

PLEASE CHECK CAMP OR ACTIVITY ATTENDING: DATE(S) ATTENDING: _____

Cub Scout Day Camps

- Big Pines
- Siskiyou
- Roaring Rogue
- Klamath
- Fremont

Cub Scout Resident Camps

- Cub Resident Camp

Boy Scout Camp

- Camp Makualla
- NYLT

Office Use Only:
 Amount \$ _____
 Approved: Init: _____ Date: _____
 Denied: Init: _____ Date: _____

Total Fee for Camp or Event: \$ _____
 How much of the fee can be paid by:
 Parent: \$ _____ Unit: \$ _____
 Youth: \$ _____
 Financial Assistance Required: \$ _____

OPPORTUNITY FUND GUIDELINES

Through grants and contributions, the Crater Lake Council, Boy Scouts of America, is able to offer assistance to boys so they may fully participate in the Scouting program. The Opportunity Fund provides financial assistance for camps, which are appropriate to the BSA program and age level of the boys.

The following criteria and procedures apply when making a request:

- Submit a Summer Food Service Form with application.
- Funding is based on financial need and funds available.
- The applicant is a current member of BSA.
- The applicant is expected, as are all members, to participate in and/or support the Council sponsored product sales.

To be considered for Opportunity Fund assistance, Scouts are expected to do their best at home, in school, and in the community to be examples of the values found in the Scout Oath and Law. The following guidelines tell how a Scout can earn the chance to receive help from the Opportunity Fund. Signatures are required.

1. The Scout does his best to be a good student at: _____

Name of School

- His attendance is not a problem.
- His citizenship at school is good.
- His academic work shows real effort to do his best.

PRINCIPAL (print name)

SIGNATURE

DATE

2. The Scout does his best at home:

- He is obedient and follows the rules of the house.
- He does home chores responsibly.
- He cooperates with the members of his family.

PARENT/GUARDIAN (Print name)

SIGNATURE

DATE

3. The Scout does his best to be a good community citizen:

- He helps neighbors and the neighborhood with cleanups, food drives, and the like.
- He volunteers, and can tell why community service is important.

SCOUT UNIT LEADER (Print name)

SIGNATURE

DATE

ALL SIGNATURES REQUIRED - UNSIGNED FORMS WILL NOT BE PROCESSED!

Regarding Camp Requests:

- **The Crater Lake Council authorizes no more than 50% of the camp fee.**
- **Funds are only available for Crater Lake Council camps. Funds are not available for other council's camps.**
- **Opportunity Fund grants, once awarded, are not transferable to another boy. If a boy approved for funds does not attend the camp for which the funds were requested, then the Opportunity Fund grant is forfeited.**

**DO NOT PAY YOUR CAMP FEES AND REQUEST REIMBURSEMENT AT A LATER DATE:
THE REQUEST WILL BE DENIED.**

APPLICATION DEADLINE April 9, 2010

2009/2010 CONFIDENTIAL MEAL APPLICATION Summer Food Service Program

Application Instructions

- If your household receives Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), **TANF or FDPIR**, complete parts 1, 2 and 5.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5.

1 HOUSEHOLD INFORMATION Print name of person completing this application (Last name, First name)

Name <u>Print</u> _____	Home Phone or Cell Phone (Circle One) _____
Mailing Address – Apt # _____	Work Phone _____
City State Zip _____	➔ Number living in this household _____ (Write names of all household members on parts 2 and/or 4 of this form)

Does this household receive FDPIR (Food Distribution on Indian Reservations) **Yes** (Complete parts 2 and 5)

2 STUDENT INFORMATION

Child's Name (Last name, First name)	School	Grade	Birth Date	List SNAP* or TANF case # for each child, if receiving public benefits
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3 FOSTER CHILD INFORMATION (COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD) Child's Monthly Personal Use Income

Child's Name (Last name, First name)	School	Grade	Birth date	Personal Use Income
_____	_____	_____	_____	_____

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in section 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify (check) information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member	Date Signed	Social Security Number *	I do not have a Social Security Number.
X _____	_____	(See privacy statement on back) _____	<input type="checkbox"/>
	Month/day/year		

* Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program)

ADMINISTRATIVE USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Approved _____ Not Eligible _____

Free based on:

- SNAP/TANF
- FDPIR
- household income
- foster child's Income

Determining Official's Signature : _____ Date _____

Application Instructions

- If your household receives Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), **TANF or FDPIR**, complete parts 1, 2 and 5; parts 6 and 7 are optional.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5; parts 6 and 7 are optional.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5; parts 6 and 7 are optional.

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced priced meals if your household income falls within the limits of this chart.

Household Size	Reduced Price Meals		
	Annual	Month	Week
-1-	20,036	1,670	386
-2-	26,955	2,247	519
-3-	33,874	2,823	652
-4-	40,793	3,400	785
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For each additional family member add	6,919	577	134

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

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 social security number of the adult household member who signs the application. 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) benefits (formerly the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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. We may share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability." To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.