

# APPLICATION IS DUE MAY 15<sup>th</sup> or BEFORE!!

## Camp Workership Program Application

**Complete a separate application for each Scout**

The Camp Workership Program is designed to help Scouts earn their way to Viking Council summer camps and is intended for those with genuine financial need that would otherwise be unable to raise all of their camp fees. The information on this application will be held strictly confidential. To assist the committee in awarding this financial aid, please answer as completely as possible.

Scout's Name: \_\_\_\_\_ Unit \_\_\_\_\_

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

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

Camp Attending: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Total Camp Fee: \$ \_\_\_\_\_

Sources of Income:

Unit's Fund raising \$ \_\_\_\_\_

Scout's Savings Plan \$ \_\_\_\_\_

Family's Support \$ \_\_\_\_\_

Other Sources \$ \_\_\_\_\_

Camp Workership Needed: \$ \_\_\_\_\_ divided by \$5.00 equals \_\_\_\_\_ hours.

(The Workership rate is \$5.00 per hour)

Organization having work done: \_\_\_\_\_

What Type of work will be done: \_\_\_\_\_

Contact person for organization: \_\_\_\_\_

Please provide any information that may help the volunteer committee \_\_\_\_\_

\_\_\_\_\_

Endorsements: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Unit Leader: \_\_\_\_\_

Unit Leader Address: \_\_\_\_\_

Send Application to: Viking Council BSA  
 Camping Department  
 5300 Glenwood Avenue  
 Minneapolis, MN 55422