

2019 REQUEST FOR CAMBERSHIP – ONE CAMPING PERIOD ONLY

CONFIDENTIAL

PLEASE PRINT CLEARLY

Camperships are available for camp programs operated by the Western Massachusetts Council only.

WMC Boy Scout Resident Camp___ WMC Cub Scout Resident Camp___

WMC NYLT___ WMC Cub Scout Day Camp___

Dates applicant will attend camp: From _____ to _____, 2019.

Scout's Name: _____

Pack/Troop/Crew/Post (Circle one) Number: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Check if this Scout sold: ___ Popcorn ___ Other (list here: _____)

Special Circumstances (if any):

Please assist the Western Massachusetts Council and our generous benefactors by filling out the following demographic information:

Step 1- Please indicate your Ethnicity (choose one)

Hispanic/Latino non-Hispanic

Step 2- Please indicate your Race (choose one or more that best describes your scout)

White African-American Asian American Indian Native Hawaiian

Asian & White African-American & White Other/multi-racial

SEE THE NEXT PAGE FOR MORE REQUIRED INFORMATION

Household Income Information

HOUSEHOLD SIZE: Please circle the number of persons living in your household, including yourself.

HOUSEHOLD INCOME: Please circle the total yearly income from all sources for your household that your household is less than under the column for your household size.

Household Information (FY2018 Income Limits Updated March 2018)			
HOUSEHOLD SIZE	HOUSEHOLD INCOME:		
	Check the total yearly income from all sources for our household.		
# of Persons in Household (circle one)	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits
1 person	Less than \$16,950 _____	\$16,951-28,250 _____	\$28,251-45,200 _____
2 persons	Less than \$19,400 _____	\$19,401-32,300 _____	\$32,301-51,650 _____
3 persons	Less than \$21,800 _____	\$21,801-36,350 _____	\$36,351-58,100 _____
4 persons	Less than \$25,100 _____	\$25,101-40,350 _____	\$40,351-64,550 _____
5 persons	Less than \$29,420 _____	\$29,421-43,600 _____	\$43,601-69,750 _____
6 persons	Less than \$33,740 _____	\$33,741-46,850 _____	\$46,851-74,900 _____
7 persons	Less than \$38,060 _____	\$38,061-50,500 _____	\$50,501-80,050 _____
8 persons	Less than \$42,380 _____	\$42,381-53,300 _____	\$53,301-85,250 _____

Springfield Residents Only

Check the box if you live in one of the following neighborhoods:

Old Hill & Six Corners
 South End
 Brightwood Memorial Square

Female Head of Household: (circle one) Yes No

Certification

I certify that the information in this application is true, complete, and correct to the best of my knowledge and belief. The household size and household income indicated above is accurate as of the below date.

PARENT'S SIGNATURE _____ DATE _____

NO DEPOSITS PLEASE!

Parents will receive an email notification regarding campership qualification and amounts.
 Applications received after April 5, 2019 will be considered only if there are funds available.
 Please send completed applications and any enclosures to:

Camperships
 Western Massachusetts Council
 1 Arch Road, Suite 5
 Westfield, MA 01085

WMC USE ONLY:
