

APPLICATION IS DUE MAY 15th 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