

**Wienke Memorial Campership Fund**  
**Application**  
**Camp Lowden**

This application is to be completed by the Scoutmaster and submitted to the District Representatives for their approval no later than May 9, 2010

Name of Scout \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ District Sycamore \_\_\_\_\_

City \_\_\_\_\_ State Illinois Zip \_\_\_\_\_ Rank \_\_\_\_\_

Camp dates Scout will attend Lowden \_\_\_\_\_

Amount of campership recommended: \$ \_\_\_\_\_ *Can't be more than 50% of early registration*

Camperships are **not transferable** - if this scout does not attend camp, the campership is void. Make no promise to the Scout for whom this application is submitted until you have received notification from the Council Program Director.

Camperships should be awarded with a minimum of publicity so that the recipients are not embarrassed. Camperships will be credited to your total camp fee.

**Explanation Of Financial Needs**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application submitted by: (please print)  
Unit Leaders Name: \_\_\_\_\_

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

Phone Number : ( ) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Submit Completed Form To Jeff Moritz**  
**This Is A Must**

**APPROVALS**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Date \_\_\_\_\_

Nomination Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Please forward to the Council Program Director at the Council Service Center.

---

**FOR COUNCIL USE ONLY**

Campership Amount \$ \_\_\_\_\_

Credited to camp fee of unit # \_\_\_\_\_

Camp Lowden, for the week of : \_\_\_\_\_

Notification mailed to:

Scoutmaster \_\_\_\_\_

Camp Director \_\_\_\_\_

Service Center \_\_\_\_\_

File Copy \_\_\_\_\_

Jeff Moritz \_\_\_\_\_