



Workership Program for Camp Assistance

PLEASE READ FORM INSTRUCTIONS.

Before work begins, the Unit Leader and Scout's family should complete this form with required signatures.

Form information supplied by your unit leader: BSA ID of your Scout, Unit District Name, Unit Number

Return form to the Springfield Scout Service Center or contact your unit leadership for questions.

The council office will not accept incomplete forms. Please keep a copy for your records.

Since its founding, a primary aim of Scouting has been to teach self-reliance and promote a strong work ethic. Just as important is the goal that no Cub Scout, Scout BSA member or Explorer be prevented from participating in a Scouting activity because of lack of funds. The Workership program helps us achieve this.

Each year partial Scout camp fees are awarded to Scouts who wish to go to camp but are unable to pay. Funds are given in return for a form of service to a school, church, synagogue or the Scout's chartered institution.

To participate, a Scout must:

- 1) Identify a "Good Turn" work project of the Scout's own choosing. Approval of the project by the Scout leader must be received before any work begins. **Unit Service Projects such as Scouting for Food or service projects completed as a normal part of a Scouts Advancement do not qualify as a Workership project.** Projects should be age appropriate and involve a significant amount of effort on the Scouts' part. A minimum of 2-3 hours is sufficient.
- 2) Secure Scout's Unit Leader approval that the project is worthwhile.
- 3) **Please keep a copy of the complete form for your records. With Unit Leader, fill out the Workership application and mail original copy to:**
WORKERSHIP COMMITTEE
c/o Ozark Trails Council, BSA
1616 S. Eastgate
Springfield, MO 65809
- 4) Complete the project agreed to the satisfaction of the Unit Leader who will verify project completion at camp.

Workerships can be awarded for up to 50% of camp fees and awarded strictly on the "honor system". No proof of income is required but the program is designed to help a **low-income youth who could not otherwise afford to go to camp.** Properly approved and completed Workership projects will result in credit applied in the Scout's name toward the specific camp for which they completed the Workership.

Please allow 2-3 weeks for processing.

Official membership records for scout will be verified by council prior to approval of assistance.

Thank you!



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Workshop Program for Camp Assistance

DATE: _____ PACK/TROOP/CREW #: _____ DISTRICT: BT FT NI PF MK FT OH RT

EVENT: Summer Camp Cub Camp Other _____ 2022 CAMP SESSION Number (circle): 1 2 3

Scout's Name: _____ (SCOUTS MUST BE REGISTERED WITH BSA)

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Unit Leader Name: _____ Unit Leader Email: _____

Unit Leader Phone: _____

What Project Do You Plan To Do? _____

Number of Hours Expected to complete project: _____ Workshop Earnings will be used for: _____
Pack/Troop participates in Family Friends of Scouting YES / NO Sell Popcorn YES / NO Is any popcorn income to be used for camp? YES / NO

Reason for requesting assistance: _____

FAMILY INFORMATION

Parent/Guardian First Name:	Parent/Guardian Last Name:	Relationship	Male / Female
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FINANCIAL INFORMATION

Do you qualify for the free or reduced lunch program? YES or NO

Family Annual Income:
 under \$10,000 \$10,000 - \$15,000 \$16,000 - \$20,000 \$21,000 - \$25,000 \$26,000 - \$30,000 \$31,000 - \$40,000
 If over \$45,000, list amount: _____

TOTAL FINANCIAL REQUEST SUMMARY to be completed by the unit

Total Cost of Event	\$ _____	TOTAL WORKSHOP FUNDS REQUESTED OF COUNCIL \$ _____
Total Unit and/or Charter Partner Contribution:	\$ _____	
Total Family Contribution:	\$ _____	

Unit Leader Signature

Parent/Guardian Signature

FOR COUNCIL USE ONLY: AMT APPROVED \$ _____ SIGNED: _____
