2018 APPLICATION FOR CAMP SCHOLARSHIP

PLEASE PRINT

NAME:	TROOP/PACK #:	COMMUNITY:		
ADDRESS:	CITY:		STATE:	ZIP:
AGE: PHONE #	*: () RANK:			_
CAMP ATTENDING:				
Boy Scout Day Camp:	Bullowa D Nooteeming			
Cub Scout Day Camp.	: D Bullowa D Chester D Greenville D No	oteeming New	Windsor	
FIRST DAY ATTENDI	NG CAMP:			
help to pay his own wa Troop/Pack, and spons	uncil is not able to totally subsidize the camp fea y, contributing some portion of the camp fee alc soring organizations. If this effort is shared by a ty to attend summer camp.	ong with other sup	port that can be pro	vided by family,
 Have your Cul Submit the ap A decision will 	out this form and sign as required. bmaster/Scoutmaster or Committee Chair give a plication to the Camping Office, Hudson Valley be made on camper assistance. Il be sent to the leader of the unit and to the par	Council, BSA, 6 J	eanne Drive, Newb	0
	Amount of money Scout/Cub and family can p	orovide: \$		
	Amount of money Scout will earn through fund	draising: \$		
	Amount of money Pack/Troop can provide:	\$		
	Amount of money needed for Campership:	\$		
Do you Sell Popcorn?	Yes No If no please state reason			
REASON FOR REQUE	EST FOR CAMPERSHIP (Must be completed to proc	cess):		
	SON RECEIVING ANY TYPE OF PUBLIC ASS		es 🗖 No	
PARENT/GUARDIAN	SIGNATURE:			Date
SCOUTMASTER/CUB	MASTER/ COMMITTEE CHAIR NAME (PLEAS	E PRINT):		
PRINT NAME:		POSITION:	PHONE	:
Signature:		DAT	E:	
	FOR OFFICE USE	ONLY		
Application approved fr	or \$ District			