



Campership Application

Reminders:

- Financial aid will be limited to youth with demonstrated need.
- **Fill application out completely. Incomplete applications will NOT be considered.**
- The application must be received by April 15
- Scouts are expected to earn their own way in Scouting.
- Funding will be limited to no more than half of the program fee and is also dependent on the quantity of applications.

1. Program - What Garden State Council program is assistance requested for? (check one)

Camp Connected - Cub Scouts
 Camp Connected - Scouts BSA

Day Camp LIVE- Cub Scouts
 NYLT

Desired dates of camp. Start: _____ End: _____

If this request is for a non-Garden State Council camp, please indicate camp name and location:

2. Contact info – Scout, parent and leader. (One Scout per form.)

Unit Type: _____ Unit #: _____ District: _____

Charter Organization: _____

Scout Full Name: _____ Age during camp: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent name: _____ Phone: _____

E-mail: _____

Unit Leader name: _____ Phone: _____

E-mail: _____

3. Family need - Please describe the circumstances necessitating the request for assistance.

Household Type and Income: One Parent/ Two Parent One Income/ Two Income

Total # of Tax Dependents in home: _____ Total annual family income: \$ _____

5. Campership Request - Again, the amount of the campership awarded will be based on financial need, as well as, the amount of funds available to be awarded.

Cost of Camp (early bird)	\$
Amount Scout will contribute (earned through fundraiser)	\$
Amount Family will pay	\$
Amount unit/chartering organization will contribute	\$
Sub-Total Funds Raised	\$
Amount of Financial Aid Requested (please note amount cannot exceed 50% of the cost of the camp)	\$

6. Submit. We certify that to the best of our knowledge the information on this form is accurate:

Parent Signature: _____ Date: _____

Unit leader Signature: _____ Date: _____

**Mail or deliver completed applications to:
Garden State Council, BSA
Campership Committee
693 Rancocas Road
Westampton, NJ 08060**

FOR COUNCIL USE ONLY: Date Arrived at GSC: ____/____/20__ Entered into Spreadsheet
 Date Reviewed: ____/____/20__ Approved Denied Application #: _____
 Amount: \$_____ from _____ Fund
 Campership Committee Chair: _____ Signature: _____
 Thank you letter received on: ____/____/20__