

## **Campership Application 2024**

## 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.

| Program - What Garden State C                    | ouncil prograr | nm is assistance requested for? (check one)                                   |
|--|----------------|---|
| Cub Scouts Day Camp<br>Scouts BSA Specialty Camp | □Webelos R     | Resident Camp □Kuweike Trek Camp<br>National Youth Leadership Training (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. <u>Contact Info</u> – Scout, parent, and      | d leader. (One | e 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 th              | ne circumstan  | nces necessitating the request for assistance.                                |
| Household Type and Income: □One                  | Parent □Tw     | vo Parents / □One Income □Two Incomes   |



| Total # of Tax Dependents in home: Total a   | annual family income: \$              |
|--|---------------------------------------|
| Number of Scouts in family attending a Garden State C  | ouncil Camp this summer:              |
| Parent/Guardian statement of financial need:   |                                       |
|  |                                       |
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|  |                                       |
|  |                                       |
| 4. <u>Unit endorsement</u> – To be completed by Unit Leade   | er. Parent/Guardian: Go to Section 5. |
| Info on attendance, Scout spirit, and participation in fundraising eventhe unit may be aware of the financial needs of the Scout, and correct the second spirit in the second spi |                                       |
| Does your unit use fundraisers to help Scouts earn can   | np fees? Yes No                       |
| If yes, check which Council fundraisers your unit partici  | pates in: Popcorn Camp Cards          |
| If other, what type of fundraiser(s):  |                                       |
| Did this Scout participate? Yes / No If yes, list  | otal funds raised by this Scout:      |
| Popcorn \$ Camp Cards \$   | Other \$                              |
| If no, why not:  |                                       |
| Has this Scout previously received a campership?   | Yes / No                              |
| Unit Leader's statement certifying financial need (space   | e continues on next page):            |
|  |                                       |

| GARDEN STATE COUNCIL   |   |
|--|---|
| GARDEN STATE COUNCIL   |   |
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| Campership Request - Again, the amount of the                    | campership awarded will be based on       |
| financial need as well as the amount of funds av                 |   |
| Cost of Camp (early bird)  | \$  |
| , , ,  |   |
| Amount Scout will contribute                                     | \$  |
| (earned through fundraiser)  Amount Family will pay              | \$  |
| Amount Family will pay   | Φ   |
| Amount unit/chartering   | \$  |
| organization will contribute                                     |   |
| Sub-Total Funds Raised   | \$  |
| Amount of Financial Aid  |   |
| Requested (please note   | \$  |
| amount cannot exceed 50%   |   |
| of the early bird cost of the                                    |   |
| camp)  |   |
| Submit. We certify that to the best of our knowled               | dge the information on this form is accur |
| <u> </u>   |   |
| arent Signature:   | Date:                                     |
| nit leader Signature:  | Date:                                     |
| Mail or deliver complete   | d applications to:                        |
| Garden State Co.   |   |
| Campership Co  |   |
| 693 Rancocas   |   |
| Westampton, N  | J 08000                                   |
|  |   |
| OR COUNCIL USE ONLY: Date Arrived at GSC:/                       | /20 □ Entered into Spreadshee             |
| ate Reviewed://20 □ Approved                                     | □ Denied Application #:                   |
| mount: \$ fromF  | Fund                                      |
| ampership Committee Chair:<br>nank You letter received on: / /20 | Signature:                                |