



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.

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

Cub Scouts Day Camp Webelos Resident Camp Kuweike Trek Camp
 Scouts BSA Specialty Camp 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. 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 Parents / One Income Two Incomes



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 early bird 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__