

2016 APPLICATION FOR HUDSON VALLEY COUNCIL CAMPER SCHOLARSHIP

PLEASE PRINT

NAME: _____ TROOP/PACK #: _____ COMMUNITY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ PHONE #: (____) _____ RANK: _____

CAMP ATTENDING:

(CAMPERSHIPS GRANTED FOR HUDSON VALLEY COUNCIL DAY CAMPS)

Boy Scout Adventure Camp / STEM Camp: Bullowa Nooteeing

Cub Scout Day Camp: Bullowa Chester New Windsor Forestburg Nooteeing

FIRST DAY ATTENDING CAMP: _____

The Hudson Valley Council is not able to totally subsidize the camp fee for a Cub or Scout. Ordinarily, the Scout himself should help to pay his own way, contributing some portion of the camp fee along with other support that can be provided by family, Troop/Pack, and sponsoring organizations. If this effort is shared by all concerned, every Scout should have the opportunity to attend summer camp. Camperships will be awarded until available funds are exhausted.

PROCEDURE:

- Completely fill out this form and sign as required. All Campership applications are due by May 1, 2016.
Have your Cubmaster/Scoutmaster or Committee Chair give approval by signing below.
Submit the application to the Camping Office, Hudson Valley Council, BSA, 6 Jeanne Drive, Newburgh, NY 12550
A decision will be made on camper assistance.
Notification will be sent to the leader of the unit and to the parent/guardian of the Scout receiving assistance by June 1, 2016.

Amount of money Scout/Cub and family can provide: \$ _____

Amount of money Scout will earn through fundraising: \$ _____

Amount of money Pack/Troop can provide: \$ _____

Amount of money needed for Campership: \$ _____

Do you Sell Popcorn? Yes ___ No ___ If no please state reason _____

Do you Sell Ultimate Discount Cards? Yes ___ No ___ If no please state reason _____

REASON FOR REQUEST FOR CAMPERSHIP (Must be completed to process):

ARE YOU OR YOUR SON RECEIVING ANY TYPE OF PUBLIC ASSISTANCE? Yes No

Type: _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____

SCOUTMASTER/CUBMASTER/ COMMITTEE CHAIR NAME (PLEASE PRINT) (REQUIRED):

NAME: _____ POSITION: _____ PHONE: _____

SCOUTMASTER/CUBMASTER/ COMMITTEE CHAIR APPROVAL: _____ Date _____

FOR OFFICE USE ONLY

Application approved for \$ _____ District _____ Notes _____