

2019 APPLICATION FOR CAMP SCHOLARSHIP

PLEASE PRINT

NAME: \_\_\_\_\_ TROOP/PACK #: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ RANK: \_\_\_\_\_

CAMP ATTENDING:

Boy Scout Day Camp:  Bullowa  Nooteeing

Cub Scout Day Camp:  Bullowa  Chester  Forestburg  Nooteeing  New Windsor

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, there is no reason why every Scout should not have the opportunity to attend summer camp.

PROCEDURE:

- Completely fill out this form and sign as required.
- 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.

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 \_\_\_\_\_

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):

PRINT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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| FOR OFFICE USE ONLY<br>Application approved for \$ _____ District _____ Notes _____ |
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