

Monmouth Council 2009 Campership Application

Please Print

Name: _____

Date of Birth: _____

Address: _____

City: _____

ZIP Code: _____

Telephone: _____

(circle one) Troop/Crew/Post# _____

Rank: _____

Campership Request (Check One):

- Boy Scout Basic Program
- Boy Scout Outback Program
- Boy Scout Trail to Eagle Program
- Boy Scout Venture Camp

- Cub Scout Basic Day Camp
- Cub Scout ½ Week Resident Camp
- Cub Scout Full Week Resident Camp

Financial Need:

No. of children in household: _____

Children in college: _____

Explain reason for assistance (please be specific): _____

Campership Request: (Use full price of program without discounts when calculating)

Share of camp cost from family: \$ _____

Share of camp cost from unit, fundraisers, etc: \$ _____

Amount requested for campership: \$ _____

Note: Camperships are not approved for the entire camp fee.

I understand that this is a request for financial assistance for my son to attend camp and that camperships will be awarded on the basis of **genuine need** and availability of funds. All information will be kept confidential. Only one campership will be awarded per Scout.

Parent Signature: _____

Date: _____

Unit Leader's Approval: _____

Date: _____

(Note: Unit Leaders MUST screen campership requests before submitting them.)

Please forward application to:

Monmouth Council Campership Fund
705 Ginesi Drive
Morganville, NJ 07751

Campership applications must be received by **May 8, 2009** to be considered.

..... **Office Use Only**

Date Received: _____

Amount Approved: _____

Approved by: _____

Date: _____

Campership # _____