

SCOUT CAMP SCHOLARSHIP FUND APPLICATION

To Apply a \$25 non refundable deposit is needed to process this campership application along with Unit Leader's Signature

Name: _____ Age (as of 7/1/2021) _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Unit: Troop / Crew # _____

Parent – Briefly explain your need for campership assistance:

This youth is planning on attending _____ week (s) of camp.

Applying for:

SUMMER CAMP DATES

- _____ Week #1 Sunday, July 11 - Saturday, July 17
- _____ Week #2 Sunday, July 18 - Saturday, July 24
- _____ Week #3 Sunday, July 25 - Saturday, July 31
- _____ Week #4 Sunday, August 1 - Saturday, August 7
- _____ Week #4 ADVENTURE TO EAGLE
- _____ Week #4 HIGH ADVENTURE TREK

I can afford to pay the following \$ _____ towards my child's week (s) of camp.

The unit will be contributing \$ _____ towards my child's week (s) of camp

Number of persons in household _____ Gross Income \$ _____

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that scouts are encouraged to earn part of their camp fee. This campership program is limited to use at Housatonic Council Camp facilities.

Parents Name (please print) _____

Address: _____ City _____ State _____ Zip _____

Parents Signature: _____

Mail to: Camperships Committee, Housatonic Council BSA, 111 New Haven Avenue, Derby, Connecticut, 06418

Unit Leader's Signature: _____ Date: _____