



Monmouth Council Campership Application

(forms MUST be completely filled in to be considered)

Please Print

Name of Scout: _____ Date of Birth: _____
 Address: _____ City: _____
 ZIP Code: _____ Telephone: _____
 (circle one) Pack/Troop/Crew/Post# _____ Rank: _____

Campership Request (Check One):

- | | |
|---|--|
| <p>() Boy Scout Basic Program () Boy Scout Outback Program</p> | <p>() Cub Scout Basic Day Camp () Cub Scout ½ Week Resident Camp () Cub Scout Full Week Resident Camp () Boy Scout Day Camp</p> |
|---|--|

Financial Need:

No. of children in household: _____ Children in college: _____
 Mother's Occupation _____ Father's Occupation _____

Total Annual Household Income \$ _____
 Amount of Trail's End Popcorn sold by Applicant: \$ _____ Amount of
 Council Camp Cards sold by Applicant: \$ _____
 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: \$ _____
 Amount requested for campership: \$ _____

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

I understand that this is a request for financial assistance 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. **Campership requests are only accepted for one week of program per Scout and will not cover any additional fees. (busing, BBQ, pre-orders, etc.)**

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 **April 1, 2022** to be considered.

..... Office Use Only

Date Received: _____ Amount Approved: _____
 Approved by: _____ Date: _____
 Campership # _____