

Campership Application

(Please Print All Informa	
Applicants Name: Age	
Address: City:	Zip:
Troop #: Pack #: District:	
Dates planned to attend Cub Scout Day Camp:	
Dates planned to attend Boy Scout Camp:	
Unit leader name:	
Unit leader daytime phone number:	Evening:
The purpose of the Scholarship Program is to provide opportuni leadership program of the Rio Grande Council, BSA, who woul attendance fees. Details of need are handled in strict confidence family.	d otherwise not be able to meet the
 All boys who receive a Scholarship grant are required to \$10.00 MUST be included with the application Maximum grant is up to 50% of camp cost All information requested must be completed by parent Completed applications should be submitted to Rio Graplans to attend event Applications will be considered as long as funding is an 	t or guardian ande Council office 2 weeks before boy
Completion of this application does not automatically guarantee first, on the basis of verified need, and second, on the basis of fu	
Reason for Scholarship	Request:
Number of people in immediate family Larg	le Parent with minimal income e immediate family with minimal income :: reasons
Do you receive Food Stamps and/or Aid to Families with	Dependent Children? Yes No
Parent or Guardians signature:	
Unit leader approval signature:	
Note: Campership grants do not include the cost of medical Total camp fee if paid by discount deadline: Family's share of event fee	\$ \$ \$
OFFICE USE ONLY Application approved by: Date:	
Application approved by.	Date: