BOY SCOUTS OF AMERICA
MONMOUTH COUNCIL

Monmouth Council Campership Application

Please Print (forms MUST be completely filled in to be considered)

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

Campership Request (Check One):

( ) Scouts BSA Basic Program
( ) Scouts BSA Outback Program
( ) Cub Scout Day Camp
( ) Scout BSA Workshop at Quail Hill

Financial Need:
No. of children in household:_____ No. of children in college:_____
Mother's occupation_____ Father's occupation_____
Total annual income:_____
Amount of Popcorn sold by applicant: $_____
Amount of 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 this is a request for financial assistance to attend camp and that camperships will be awarded Based on 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.**

Parent signature:_____ Date:_____
Unit Leader's Approval:_____ Date:_____
(*Note:* Unit Leader's 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, annually.

**********Office Use Only**********
Date received:_____ Amount Approved:_____
Approved by:_____ Date:_____
Campership #_____