

2010 APPLICATION FOR CAMP SCHOLARSHIP

PLEASE PRINT

NAME: _____ TROOP/PACK #: _____ COMMUNITY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ PHONE #: (____) _____ RANK: _____

CAMP ATTENDING:

Boy Scout Resident Camp:

- Yawgoog Cachalot Baden Powell at Yawgoog Cadre at Cachalot CIT Corps

Cub Scout Resident Camp: Cub World Adventure Weekends (Cachalot, Feinstein or Yawgoog)

Webelos Camp at Yawgoog

Cub Scout Day Camp: Champlin Aquapaug Colt State Park Cub World Buttonwoods Zoo Fall River R & G

FIRST DAY ATTENDING CAMP: _____

The Narragansett Council is not able to totally subsidize the camp fee for a Cub or Scout. Ordinarily, the Scout himself should help to pay his own way, contributing some portion of the camp fee along with other support that can be provided by family, Troop/Pack, and sponsoring organizations. If this effort is shared by all concerned, there is no reason why every Scout should not have the opportunity to attend summer camp.

PROCEDURE:

- Completely fill out this form and sign as required.
Have your Cubmaster/Scoutmaster or Committee Chair give approval by signing below.
Submit the application to the Camping Office, Narragansett Council, BSA, P.O. Box 14777, E. Providence, RI 02914
A decision will be made on camper assistance.
Notification will be sent to the leader of the unit and to the parent/guardian of the Scout receiving assistance.

Amount of money Scout/Cub and family can provide: \$ _____
Amount of money Scout will earn through fundraising: \$ _____
Amount of money Pack/Troop can provide: \$ _____
Amount of money that unit sponsor can provide: \$ _____
Amount of money needed for Campership: \$ _____

Do you Sell Popcorn? Yes ___ No ___ If no please state reason _____

REASON FOR REQUEST FOR CAMBERSHIP (Must be completed to process):

ARE YOU OR YOUR SON RECEIVING ANY TYPE OF PUBLIC ASSISTANCE? Yes No

Type: _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____

SCOUTMASTER/CUBMASTER/ COMMITTEE CHAIR NAME (PLEASE PRINT):

NAME: _____ POSITION: _____ PHONE: _____

SCOUTMASTER/CUBMASTER/ COMMITTEE CHAIR APPROVAL: _____ Date _____

FOR OFFICE USE ONLY

Application approved for \$ _____ District _____ Notes _____