Camp Shenandoah Campership Application
Stonewall Jackson Area Council, Boy Scouts of America

Scout Name: _____ Age (as of 6/1): _____

Address: _____ City: _____ State: _____ Zip: _____

Pack/Troop: _____ District: _____

Parent please briefly explain your need for Campership Assistance: _____
_____

My Scout is planning to attend: Boy Scout Resident Camp ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5

Webelos Resident Camp ☐ Session 1 ☐ Session 2

Cub Family Camp ☐ Session 1

District Cub Day Camp ☐ Session 1

I will pay: $_____ towards my son's camping experience.

Our Pack/Troop will pay: $_____ towards my son's camping experience.

I am requesting a Campership of: $ _____ towards my son's camp experience.

Applications will be reviewed on March 31, April 30, and May 31 on a first come, first served basis until funds are exhausted. Camp Scholarships are for SJAC youth attending SJAC camps. The Scout or Parent must <u>submit a separate and attached</u> Thank You Note addressed "Dear Campership Donor," thanking them for their support of the Campership program to be considered for a scholarship.

Parent Name (please print): _____ Best Phone: _____

Email address: _____

Parent Signature: _____ Date: _____

<u>Pack/Troop Leader Approval</u>: I certify that this applicant is a registered Scout within my Pack/Troop:

Pack/Troop Leader Name (please print): _____ Unit: _____

Email address: _____ Best Phone: _____

Pack/Troop Leader's Signature: _____ Date: _____

COUNCIL APPROVAL:
Amount Recommended by District $_____ Signed: _____ Date: _____
Amount Approved by Council: $_____ Date: _____

_____	_____	_____
Program Director	Scout Executive	Council Board Member

Family/Unit Leader Notified: _____ Submitted to Accounting Specialist: _____