



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 submit a separate and attached 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: _____

Pack/Troop Leader Approval: 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: _____