

## Campership Application 2025

Reminders:

- Financial aid will be limited to youth with demonstrated need.
- **Fill application out completely. Incomplete applications will NOT be considered.**
- The application must be received by April 16.
- Scouts are expected to earn their own way in Scouting.
- Funding will be limited to no more than half of the program fee and is also dependent on the quantity of applications.

1. Program - What Garden State Council program is assistance requested for? (check one)

- Cub Scouts Day Camp
- Webelos Resident Camp
- Out-of-Council Summer Camp
- Kuweike Trek Camp
- National Youth Leadership Training (NYLT)

Desired dates of camp. Start: \_\_\_\_\_ End: \_\_\_\_\_

If this request is for a non-Garden State Council camp, please indicate camp name and location: \_\_\_\_\_

2. Contact Info – Scout, parent, and leader. (One Scout per form.)

Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_ District: \_\_\_\_\_

Charter Organization: \_\_\_\_\_

Scout Full Name: \_\_\_\_\_ Age during camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Unit Leader name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Family need - Please describe the circumstances for requesting a campership.

How many people are in the home: \_\_\_\_\_ Total annual family income: \$ \_\_\_\_\_

Number of Scouts in family attending a Garden State Council Camp this summer: \_\_\_\_\_

Parent/Guardian statement of financial need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Campership Request - The amount of the campership awarded will be based on financial need as well as the amount of funds available to be awarded.

Cost of Camp (early bird)	\$
Amount Scout will contribute (earned through fundraisers)	\$
Amount Family will pay	\$
Amount unit/charting organization will contribute	\$
<b>Sub-Total Funds Raised</b>	\$
<i>Amount of Financial Aid Requested (please note amount cannot exceed 50% of the early bird cost of the camp)</i>	\$

We certify that to the best of our knowledge the information on this form is accurate:

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

5. Unit endorsement – To be completed by Unit Leader:

**Info on attendance, Scout spirit, and participation in fundraising events helps the Committee receive a clear perspective.** The unit may be aware of the financial needs of the Scout, and confirmation or further explanation is helpful.

Does your unit use fundraisers to help Scouts earn camp fees?      Yes      No

If yes, check which Council fundraisers your unit participates in: Popcorn    Camp Cards

If other, what type of fundraiser(s): \_\_\_\_\_

Did this Scout participate? Yes / No

If yes, how much did the Scout raise in total:

Popcorn \$ \_\_\_\_\_ Camp Cards \$  Other \$ \_\_\_\_\_

If no, why did the scout not participate in the sales?

\_\_\_\_\_

Has this Scout previously received a campership? Yes / No

Unit Leader's statement certifying Scout Spirit, attendance and financial need (space continues on next page):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Scouting America

## Garden State Council

I certify that to the best of my knowledge the information on this form is accurate:

Unit leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. Submit

**Applications must be received by 5 p.m. local time on April 16, 2025**

**Email, Mail or Deliver completed applications to:**

**Scouting America Garden State Council**

**Campership Committee**

**693 Rancocas Road**

**Westampton, NJ 08060**

**[Preston.Irving@scouting.org](mailto:Preston.Irving@scouting.org)**

FOR COUNCIL USE ONLY:

Date Arrived at GSC: \_\_\_\_ / \_\_\_\_ /20\_\_

Reviewed: \_\_\_\_ / \_\_\_\_ /20\_\_

Approved / Denied Application #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

from \_\_\_\_\_ Fund

Campership Committee Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank You letter received on: \_\_\_\_ / \_\_\_\_ /20\_\_

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