

# WPC BSA - CAMP SCHOLARSHIP APPLICATION

Please print all information except signatures. All information is confidential.

**NOTE:** Applications should be accompanied by a \$50.00(per week) deposit to be considered or please indicate when it was/how much was paid during online registration. Exceptions may be made for extreme hardship, which must be documented in writing. Return this form with the deposit to: Westchester Putnam Council, BSA, 41 Saw Mill River Road, Hawthorne, NY 10532, Att. Camping Department.  
**Incomplete or unsigned forms will not be considered ~ please fill out completely.**

## This Section Must be Completed in full and signed by Parent or Guardian

Scout's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Unit Type: Pack Troop Crew Post Ship Unit #: \_\_\_\_\_ Community: \_\_\_\_\_

Annual Family Gross Income: \$ \_\_\_\_\_ Number of people in your family: \_\_\_\_\_

Are you or your Scout receiving any type of public assistance? Yes No

Type: \_\_\_\_\_

Reason for Scholarship request (please be specific): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## The Section Below Must be Completed in full and signed by Unit Leader

Leader's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Council: \_\_\_\_\_

Camp Stay Information: Buckskin Waubeeka Summit base

Going: With Unit As Provisional Week Attending: 1 2 3 4 5 6

WHAT FUNDS ARE AVAILABLE:

Scout's family can provide: \$ \_\_\_\_\_ Scout will earn thru fundraising: \$ \_\_\_\_\_

Troop/Pack Scholarship can provide: \$ \_\_\_\_\_

Amount being requested from the Campership Committee: \$ \_\_\_\_\_

REASON FOR TROOP/PACK SCHOLARSHIP (if different): \_\_\_\_\_

\_\_\_\_\_

Unit Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Applications will be processed as received with a reply going back to the parent/guardian.

For Council Use Only: Date Rec'd: \_\_\_\_\_ Deposit Pd: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Amount Granted: \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_