

**WPC BSA - CAMP SCHOLARSHIP APPLICATION – due by April 15th**

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

**NOTE: Applications should be accompanied by a \$125.00(per week) deposit to be considered. Exceptions may be made for extreme hardship, which must be documented in writing. Scholarships for more than one week are generally not awarded. If you are applying for a multi-week scholarship, please document the reason in writing.** Return this form with the \$125 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.**

**This Section Must be Completed by Parent or Guardian**

Scouts Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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 son 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 by Unit Leader**

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

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

Camp Stay Information: Buckskin / Waubeeka / Summit base For Cubs: Iona Prep / Durland

Going: With Troop / 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: \_\_\_\_\_  
\_\_\_\_\_

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

**Note:** Applications will be processed as received with a reply going back to the unit leader.

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

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