



# CAMPERSHIP APPLICATION

Assistance will only be considered for CNJC Cub Day Camp  
KMSR Boy Scout Summer Camp KMSR Webelos / Cub Resident Camp  
or National Youth Leadership Training Course - NYLT

**CENTRAL NEW JERSEY COUNCIL, BOY SCOUTS OF AMERICA**  
**2245 US Highway 130, Suite 106 Dayton, NJ 08810**

All campership applications must be submitted to the Central New Jersey Council Service Center no later than **April 30<sup>th</sup>**. Camperships will be determined and confirmation letters sent out to parents / guardians no later than May 31<sup>st</sup>. Fill out one application per Scout.

PLEASE PRINT NEATLY

Scout's Name \_\_\_\_\_ Troop / Pack # \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Scout's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Home phone \_\_\_\_\_ business phone \_\_\_\_\_

Is more than one campership request in your family being filed? \_\_\_\_\_ (Please fill out a separate application for each Scout.)

Explain need for campership assistance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# of children in household \_\_\_\_\_ # of children in college \_\_\_\_\_

Monthly family home income \$ \_\_\_\_\_

**The normal level of assistance available is 50% of the full camp fee. This is only a guideline. Campership funds are used to help Scouts enjoy a meaningful summer camp experience. Fill out a second form for the same Scout applying for a second week of camp.**

CIRCLE THE CAMP TO BE ATTENDED:

CUB DAY CAMP

KMSR BOY SCOUT

CUB/WEB RESIDENT CAMP

NYLT

Date of Camp Attending \_\_\_\_\_ Location of Day Camp \_\_\_\_\_

**MANDATORY QUESTION – AMOUNT OF ASSISTANCE REQUESTED \$ \_\_\_\_\_**

**Important: to be considered; this application must be submitted with a good faith deposit of \$10.00. Incomplete forms will be returned.**

I understand that this is a request for financial assistance for my son to attend a Central New Jersey Council Summer Camp Program on the basis of financial need. Grants will be made on the basis of need and availability of funds. All requests will remain confidential. The names of the recipients are not disclosed. Scouts receiving camperships are expected, if desired by the donor, to write a note of thanks (if desired the Council will provide the family with the needed information).

Parent/Guardian/s Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**  
Date Application Received \_\_\_\_\_ Amount of Deposit Received \$ \_\_\_\_\_  
Amount of Campership Granted \$ \_\_\_\_\_ Approved by \_\_\_\_\_ & \_\_\_\_\_  
Date Confirmation Sent \_\_\_\_\_