

2009 CAMBERSHIP APPLICATION

Please Print

Scout's Name: _____ Pack/Troop # _____

Address: _____ Date of birth: _____

City/State/Zip: _____

Parents' Name: _____ Daytime phone: _____

Number of children, under 18, for which the family is responsible: _____

Number of adults in the household: _____

Please indicate your family's total annual income, before taxes: \$ _____

Do you currently receive any type of public assistance? YES or NO
If yes please describe _____

Only Muskingum Valley Council registered Scouts are eligible for camperships and must be used at Muskingum Valley Council sponsored camps.

Our son would like financial assistance with (check one): ***(Forms must be turned in 6 weeks prior to attending camp for consideration).***

_____ Cub Scout Day Camp - Camp attending _____

_____ Cub Scout Adventure Camp

_____ Boy Scout Summer Camp - Week attending _____

Parent or Guardian's Signature: _____ Date: _____

(Applications will not be accepted without parent's signature)

Please use this space to make any additional comments which you feel would help us make a decision concerning financial aid. Notification will be made by mail within three weeks of receiving this application.

For Office Use Only

Application Received: _____ (Date) Amount Awarded _____