



Campership Application - All Camps



Scout's Name: _____ Age (as of 6/1 of current year): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Unit #: _____ Troop Pack (circle one)



Parent; briefly explain your need for Campership assistance:

Cub Scout
Day Camp

My Scout is planning to attend:

- () Camp T. Brady Saunders Session #: _____ or the week of: _____
- () Cub Adventure Camp Session #: _____
- () Cub Scout Day Camp week of: _____
- () Other Council Program Event: _____

Has this Scout previously received a Campership? (Yes / No)

When and for what event? _____

Scout sold Popcorn and Peanuts (Yes / No) Scout sold Camp Cards (Yes / No)

Payment Details:

I will be paying: \$ _____ (suggested 1/3 cost)
 Our unit will pay: \$ _____ (suggested 1/3 cost)
 I am requesting a Campership of: \$ _____

I understand that this is an application and in no way guarantees a Campership. I further understand that Heart of Virginia Council ordinarily awards **partial** Camperships in belief that most Scouts can and should earn part of their camp fee. Camperships are limited to Heart of Virginia Council Scouts Only.

Parent's Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Parent's Signature: _____ Date: _____

**MAIL OR DELIVER
APPLICATIONS TO:**

Heart of Virginia Council
Attn: Campership Program
8090 Villa Park Drive
Henrico, VA 23228

Unit Approval:

This application is a registered Scout within my unit.

Unit Leader's Name (please print): _____

Telephone: _____ Email Address: _____

Unit Leader's Signature: _____ Date: _____

Service Center Use Only

Date Received in Office: _____ Amount Unit Paid: \$ _____ Campership Amount Award: \$ _____

Notes: