



CAMPERSHIP APPLICATION - 2004

ASSISTANCE WILL ONLY BE CONSIDERED FOR CNJC CUB DAY CAMP
KMSR BOY SCOUT SUMMER CAMP KMSR WEBELOS / CUB RESIDENT CAMP
OR JUNIOR LEADER TRAINING COURSE - JLTC

CENTRAL NEW JERSEY COUNCIL, BOY SCOUTS OF AMERICA
4315 US HWY. 1 SOUTH MONMOUTH, JCT. N. J. 08852

ALL CAMPERSHIP APPLICATIONS MUST BE SUBMITTED TO THE CENTRAL NJ COUNCIL SERVICE CENTER NO LATER THAN **APRIL 30, 2004**. CAMPERSHIPS WILL BE DETERMINED AND CONFIRMATION LETTERS SENT OUT TO PARENTS / GUARDIANS NO LATER THAN MAY 31, 2004.

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? _____

EXPLAIN NEED FOR CAMPERSHIP ASSISTANCE _____

OF CHILDREN IN HOUSEHOLD _____ # OF CHILDREN IN COLLEGE _____

MONTHLY FAMILY TAKE 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.

CIRCLE THE CAMP TO BE ATTENDED:

CUB DAY CAMP

KMSR BOY SCOUT

CUB/WEB RESIDENT CAMP

J L T C

DATE OF CAMP ATTENDING _____

MANDATORY QUESTION AMOUNT OF ASSISTANCE REQUESTED \$ _____

IMPORTANT: TO BE CONSIDERED; THIS REQUEST 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).

PARENTS SIGNATURE _____ DATE _____

UNIT LEADERS SIGNATURE _____ DATE _____

OFFICE USE ONLY
DATE APP. RECEIVED _____ AMOUNT GRANTED \$ _____
APPROVED BY _____ & _____ DATE CONFIRMATION SENT _____