JOSEPH AARON ABBOTT CAMPERSHIP FUND SCHOLARSHIP APPLICATION 2024 APPLICATION

For this application to be considered for an award:

- 1. All spaces must be filled out and printed legibly by the FAMILY of the SCOUT
- 2. The signature and contact information of your unit leader are required

FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL RESULT IN THE DENIAL OF THE APPLICATION

| SCOUT INFORMATION | | |
|--|----------------|--------------|
| Name: | e-mail | |
| Address: | City | Zip Code |
| Home Phone Number | Date of Birth | School Grade |
| | | |
| Name of Parents or Guardian: | | |
| Ocupation | | |
| e-Mail | | |
| Unit (P) (T) #Distric | ct | Rank |
| OA Member (yes) (No)if yes, Chapter Name | | |
| How many times have you gone to a BSA Camp | | |
| Have you ever received a Campership Award? (Yes) (No) If yes When? | | |
| In your own words, answer the following questions: | | |
| The Joseph Aaron Abbott Campership Fund is a way of giving back to Scouting. How do you plan to give back to | | |
| Scouting? (Camp Cards sales, Popcorn Sales, Service projects, etc) A Scout is Thrifty | | |
| | | |
| | | |
| | | |
| Camp or OA event you will be attending | | |
| | | |
| | e-Mail Address | |
| Print Name: | Phone # | |
| Address of unit leader | | |
| Zip Code Telephone numb | oer | Date |
| | | |
| On My Honor | | |
| I have a genuine financial need that would otherwise prohibit me from attending Camp. | | |
| I will be under 18 years of age while attending camp. | | |
| I have not received a Campership Award more than 2 times | | |
| Applicants Signatura | | Data |
| Applicants Signature: | | |
| Parent/Guardian Signature | | |
| Unit Leader Signature: | | Date |

Scan and E-mail them to cliff.freiwald@scouting.org. For consideration, all applications must be RECEIVED no later than March 30, 2024; you will be notified approx. two weeks after received-- if you have been approved. Council will not be responsible for any applications lost or misdirected in the mail- USE E_MAIL REV. 12/13/23