## 2025 CAMPERSHIP APPLICATION

The purpose of a campership is to assist those Pennsylvania Dutch Council (PDC) Scouts (Youth Only) with a financial need to attend camp. Completion of this form DOES NOT automatically guarantee a campership. Camperships are made on the basis of need and available funds. Requests for campership funding can only be considered for Scouts attending a PDC camp. Application must be received at the above address by March 28, 2025. Incomplete, unsigned, or applications received after this date will not be considered. Notification of campership awarded will go to the Unit Leader for Scouts BSA and to the parents/guardians of Cub Scouts. All award amounts are based on the regular camp fee. All information must be completed. Camperships are not transferable to either another Scout or another year.

Scout's Name	Unit #	# Distri	ct
Address	City		
	Phone Number		
E-mail Address	Number of Dependents (Do Not Include Parents/Guardians)		
Father's job title and place of employment	· ·	of include Parents/Gua	irdians)
Is Father a Registered Scout Leader?   Yes   No	Is Father Planning to attend camp with child? ☐ Yes ☐ No		
Mother's job title and place of employment			
Is Mother a Registered Scout Leader? ☐ Yes ☐ No	Is Mother Planning to attend	d camp with child	d?□ Yes□ No
Single Parent? ☐ Yes ☐ No	Other Youth attending a PDC Summer Camp? $\square$ Yes $\square$ No		
Will the Scout be a member of the 2025 PDC summer c	amp staff or CIT? ☐ Yes ☐ No	0	
Family's Annual Gross Income:  ☐ less than \$20,000 ☐ \$20,001-\$40,000 ☐ \$40,001-\$60,0	000 □ \$60,001-\$80,000 □ \$80,0	001-\$100,000 □	\$100,001+
Scout will attend: □ Day Camp □ Cub Scout 3-day res	□ Cub Scout 6-day res □ Scou	uts BSA Camp	□ NYLT
Cost of Camp: Amount Scout will contribute from project or fund rath Amount family will contribute Amount unit or chartering organization will contribute  Amount of campership requested (cannot be more	isers (popcorn, camp cards etc.) te  Total Fur	less less nds Contributed	\$ \$ \$
Short statement on why a campership is requested (if ne	eeded please attached another sh	neet):	
I certify that to the best of my knowledge the information	on on this form is accurate.		
Parent/Guardian Name (Print):	Unit Leader Name (Print):		
Parent/Guardian Signature:			
Date:	Unit Leader Address:		
	Unit Leader Email:		
	Unit Leader Phone:		