

TROOP 94 CAMBERSHIP APPLICATION

Scholarship Program — confidential; reviewed only by the committee.

Review Period: August 2026 – November 2026

Maximum \$250 per program year (Aug–Aug) · one application per request type

Instructions. Complete all applicable fields; write **N/A** where an item does not apply so the committee can confirm it was reviewed. Incomplete applications may delay review. Parents/guardians may complete the factual history sections (attendance, camping, advancement, fundraising) using the best information available, and are encouraged to request records from Troop leadership.

Pages 3 and 4 are completed by the Scout. Those two sheets carry no campership heading, so they may be detached and given to the Scout as a plain worksheet. There is no requirement that the Scout be told a campership request has been submitted. Requesting a campership is not a statement of failure or reduced commitment — the committee does not evaluate the cause of hardship and no supporting documentation is required.

SCOUT INFORMATION

Parent / Guardian

Scout Name		Current Rank at Time of Application	
Date Joined Pack / Troop	Den / Patrol	Program Year Requested	
		2026 Aug – 2027 Aug	
Parent / Guardian Name		Contact Email	
Second Parent / Guardian (if applicable)		Contact Phone	

REQUESTED ASSISTANCE

This request is for **one** of the following. A separate application must be filed for each request type. The \$250 maximum applies across both review periods combined.

☒ **Annual Dues** ☐ Summer Camp Amount Requested (optional): \$

Prior campership assistance already awarded this program year: \$ **0** (inaugural program year — no prior awards)

SCOUT PARTICIPATION SUMMARY

Parent / Guardian

Meeting Attendance

Dates, or an approximate count within the last 12 months — be as specific as your records allow.

Camping and Activities (past 12 months)

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Parent / Guardian

Rank	Date Earned	Rank	Date Earned
Rank	Date Earned	Rank	Date Earned
Rank	Date Earned	Rank	Date Earned
Rank	Date Earned	Rank	Date Earned
Rank	Date Earned	Rank	Date Earned

Parent / Guardian

List fundraising the Scout has participated in over the past 12 months and plans for future fundraising. Effort is what is considered — outcomes are not required. If opportunities were not offered or could not be taken advantage of, note that here.

PARENT / GUARDIAN ACKNOWLEDGMENT

We understand that:

- Camperships are limited in number and funding.
- Administrative capacity and financial risk affect what assistance can be offered.
- Approval is not guaranteed, and eligibility does not guarantee approval.
- Continued participation is required, and continued assistance requires reapplication.
- Awards may be reduced or denied to preserve fairness and sustainability of the program.

Comments (optional)

Date

SCOUT STATEMENT

Please describe what the Troop 94 Scouting America program means to you, and why you want to continue to participate.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Scout Name _____

Date _____

FUTURE ADVANCEMENT PLAN

Write your current plan for future advancement. Include the number of requirements remaining for the ranks you intend to earn, and the dates by which you expect to reach each goal.

Advancement Goals

Target Rank

Requirements Remaining

Target Date

Target Rank

Requirements Remaining

Target Date

Target Rank

Requirements Remaining

Target Date _____

Target Rank

Requirements Remaining

Target Date

How I Plan to Get There

Scout Name _____

Date _____

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Scoutmaster completes

Date _____

For committee use only

Amount Approved \$

☐ Approved ☐ Approved with modifications to the original request ☐ Not approved

Date _____

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