

CAMPERSHIP APPLICATION

Due by March 31

HEART OF VIRGINIA COUNCIL, BOY SCOUTS OF AMERICA

Scout's Name: _____ Age (as of 6/1 current year): _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Unit #: _____ Troop Pack (circle one)
Parent; briefly explain your need for Campership assistance: _____

My Scout is planning on attending:

- () Camp T. Brady Saunders week # _____ or the week of _____
() Cub & Webelos Adventure Camp Session # _____
() Cub Scout Day Camp week of _____

I will be paying: \$ _____ Towards my son's week at camp
Our Pack/Troop will pay: \$ _____ Towards my son's week at camp
I am requesting a Campership of: \$ _____ Towards my son's week at camp

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

Parents Name (please print): _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address: _____
Parents Signature: _____ Cell Phone: _____

Mail Applications as indicated below

Cub and Day Camp Applications

**Heart of Virginia Council
PO Box 6809
Richmond, VA 23230**

Boy Scout Camp Applications

**Camp T. Brady Saunders
1723 Maidens Rd.
Maidens, VA 23102**

This applicant is a registered Scout within my unit:

Unit Leader's Name (Please print) _____

E-mail address: _____ Phone # _____

Unit Leader's Signature: _____ Date: _____

Service Center Use Only

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