

Buckskin Council, Boy Scouts of America

2024 Scouts BSA Summer Camp Scholarship Application

Confidential Application for Scholarship Assistance, Buckskin Council

*“A Scout is Thrifty” This point of the Scout Law requires a youth to be responsible for helping fund their experience in Scouting. **Applying for scholarship is recommended only when efforts by all parties have been made to fund the experience.** The Buckskin Council is willing to assist by awarding up to 50% of the camp fee when necessary. In order to be eligible for a scholarship the ENTIRE APPLICATION (TWO PAGES) MUST BE COMPLETED and returned to the Council Service Center before April 15th, 2024. Only one scholarship per year will be awarded to a Scout.*

No application can be accepted after the deadline date of April 15th, 2024!

Personal Information

Scout's Name: _____

Home Telephone Number: _____

Date of Birth: _____

Address: _____

Unit Number: _____

District: _____

Camp Selection

Please Circle the camp and date which you are seeking a scholarship for:

Camp Kootaga- June 16 - 22, June 23 - 29

James C. Justice Scout Camp-SBR- June 16-22, June 23-29, June 30-July 6, July 7-13, July 14-20, July 21-27, July 28-August 3

Statement of Need (Must Be Filled Out)

To help the committee to better determine the allocation of funds please provide a detailed “statement of need”. (Attach an additional sheet if needed)

Statement of Participation (Must be Filled Out)

Please Describe what fundraising activities this Scout has participated in to help pay for his camp experience.(Attach an additional sheet if needed)

PLEASE COMPLETE PAGE TWO OF THIS FORM!

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Financial Information

What is the gross household income of the Scout's Family? \$ _____

What is the total number of dependents living in this household? # _____

What is the total amount that this Scout sold in the most recent Popcorn and Peanut Sales? \$ _____

Camp Fees: Boy Scout Summer Camp

Scout Will Pay: \$ _____

Scout Unit will Pay: \$ _____

Sponsor will Pay: \$ _____

TOTAL of Funding Above: \$ _____

Scholarship Amount Requested (NO MORE THAN 50%): \$ _____

Contact Information

Name of Parent/Guardian: _____

Home Telephone Number: _____

Email Address: _____

Name of Scoutmaster: _____

Home Telephone Number: _____

Email Address: _____

By Signing below, I indicate that to the best of my knowledge all information on this form is accurate, and that all efforts have been made by the Scout and their Unit to help raise the funds needed for this camp experience.

Signature of Parent/Guardian: _____

Signature of Scout: _____

Signature of Scoutmaster: _____

Signature of Troop Committee Chairman _____

All signatures and information must be completed in order to be considered for a scholarship. Scholarship Recipients will be informed via email on May 1st, 2024. **All scholarship forms must be in the Scout Office no later than April 15, 2024.**

Send Application to:
Buckskin Council, BSA
Attention: Scholarship Committee
2829 Kanawha Blvd., East
Charleston, WV 25311

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