

**Buckskin Council, Boy Scouts of America**  
**2026 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 15<sup>th</sup>, 2026. Only one scholarship per year will be awarded to a Scout.

**No application can be accepted after the deadline date of April 15<sup>th</sup>, 2026!**

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**Personal Information**

Scout's Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_

District: \_\_\_\_\_

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**Camp Selection**

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

Camp Arrowhead:      June 14-20      June 21-27

James C. Justice Scout Camp-SBR:

**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)*

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**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)*

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**PLEASE COMPLETE PAGE TWO OF THIS FORM!**

(PAGE 1)

### **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? \$ \_\_\_\_\_

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### **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%):** \$ \_\_\_\_\_

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### **Contact Information**

**Name of Parent/Guardian:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Name of Scoutmaster:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**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 1<sup>st</sup>, 2026. **All scholarship forms must be in the Scout Office no later than April 15, 2026.**

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