

Please Submit no later than March 15, 2017

Program Assistance Requested for:

Scouts Name: _____

Address: _____

Please describe in general terms, the need for financial assistance for this Scout (Include Den Leader Comments as applicable):

Will Scout Bucks be used for this Camp? Yes _____ No _____ Amount: _____

Has any other assistance been requested? Yes _____ No _____

Source of other Camperships: _____

Please note that it is not a Pack policy to grant full Camperships. The amount granted will be based on number of applications, available funds, participation of Scout (in the program and the Popcorn Sale), and perceived need.

Submitted by: _____ Relationship to Scout: _____

Signature: _____ Phone Number: _____

For Campership Committee Use:

Date Received: _____

Campership is: Approved _____ Amount: _____ Not Approved _____

Please submit or mail completed form to Jon Koblich, 223 Glenwood Rd., Rutland , Ma 01543

Questions? Call Jon Koblich at 508-886-6357

This form may also be emailed to koblich@charter.net