

Campership Application



Thanks to many Generous donors, funds are available to Area Scouts/Scouters for the purpose of attending any of the In-Council Summer Camps or Trainings for Adults of North Florida Council.

Please complete the information requested and return to:
 Camperships
 c/o North Florida Council
 521 South Edgewood Avenue
 Jacksonville, FL 32205
 Email: jerry.scogin@scouting.org

Name of Scout/Scouter: _____ Rank: _____ Age: _____

Unit Type (Pack, Troop, Crew) & Number: _____

Name of Parent(s)/Guardian(s): _____

Phone Number: (H) _____ (W) _____

Email: _____

Cub Scout/Scouter attending (Check One): ___ Day Camp ___ Aquatics Camp
 Scout/Leader will be attending Camp _____ during (date) _____

Boy Scout/Scouter attending (Check One): ___ Camp Shands ___ Aquatics Camp ___ Week Attending
 Scout/Leader is attending Camp Shands with his troop _____ as a provisional camper _____

Adult Leader Training: What training are you attending? _____

(Cubs/Scouts/Scouters) Explanation of need: (attach additional pages if necessary)

In the last year, my unit participated in: (check all that apply)

	Popcorn Sale	_____
	Friends of Scouting	_____
	Camp Card Sale	_____

We are requesting assistance in the amount of \$ _____ for our scout to enjoy a summer camping experience .

*******APPROVAL OFCAMPERSHIPS ARE DEPENDENT OF FUNDS AVAILABLE AND ARE 1/2 THE COST OF THE CAMP/TRAINING ATTENDED*****

Signed _____ **Date** _____
 Parent

Approved _____ **Date** _____
 Cubmaster/ Scoutmaster/ Committee Member

Management Approval _____ **Date** _____

For NFC: Acct # 1-8910-XXX-25
 Processed by _____

For Office Use Only: Funds Used
 Riverbend ___ Marion ___ Ed White ___ Bert Reid ___ Other _____