Completed forms may be sent to:
National Capital Area Council
Boy Scouts of America
Atten: Washington DC District
9190 Rockville Pike
Bethesda MD 20814
or
by email to:
dmullin1001@gmail.com
jennifer.coke@scouting.org

NATIONALCAPITALAREACOUNCIL,BSA WASHINGTON, DC DISTRICT CAMPERAID APPLICATION

(Please print all information legibly and return to the Marriott Scout Service Center. Note: unit leader must fill out and sign the bottom portion of the form before it will be considered.)

Youth Name: _____Unit Type and #: _____ District: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Address: _____
Street city state zip

Camp Attending: _____ Dates Attending: _____
(Visit www.boyscouts-ncac.org for camp dates and other information)

Unit Leader's Name: _____ Daytime Phone: _____

Leader's Address: _____

IMPORTANT: Please submit application in June, to the National Capital Area Council, Boy Scouts of America- Washington, DC District. Application will be considered as funds are still available.

Parents/Guardians: Camper aid is granted based solely on financial need. Please complete the statement below, indicating your financial situation and why you feel financial aid is necessary. Camper aid is normally granted for no more than 50% of the camp fee, and may be less if funds are not available to meet all requests. Please submit this application with at least 50% of the full camp fee when registering for camp. To ensure that your application is processed please submit appropriate fee. All requests will be considered in a confidential manner and you will be notified if financial assistance is awarded after the committee meets in June.

Parent/Guardian statement of need (continue on the reverse side of this form if necessary):

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Unit Leader: I attest to the financial need of this youth/family. Please complete the following statement:
Our unit participates in Family Friends of Scouting _____(y/n) and NCAC Popcorn Sales _____(y/n)

Unit Leader Signature: _____ Date: _____

Return to: National Capital Area Council, BSA; 9190 Rockville Pike; Bethesda, MD 20814-3897
Attn: Washington, DC District. (Please submit with the proper registration form for the camp to which the camper aid will be applied.)

Office Use Only: This request for financial assistance is approved for the amount of: $
Approved by: _____ Date: _____

Notes: _____