

CAMP SCHOLARSHIP ASSISTANCE APPLICATION

DIRECTIONS:

1. Please **PRINT** all information. Parent and/or guardian must complete **ALL** information on **BOTH SIDES** of this form.
2. Applications should be mailed to: BUCKS COUNTY COUNCIL, B.S.A.
ONE SCOUT WAY
DOYLESTOWN PA 18901
3. Completion of this form DOES NOT automatically guarantee a camp scholarship. Scholarships are made, first on the basis of verified need and second, on the basis of funds available.
4. Scholarship applicants must be attending a Bucks County Council, BSA summer resident camp during the upcoming summer season.
5. The maximum amount of scholarship funds granted is 50% of the total camp fee. A granted scholarship in the applicants name that is not used cannot be used in a subsequent year.
6. Approved applicants will be notified in writing.
7. **All applications must be submitted by April 1.**

PACK #: _____ TROOP #: _____ COUNCIL: _____ DISTRICT: _____

UNIT CHARTERED TO: _____ Date of Application: ____/____/____

1. APPLICANT'S NAME _____ AGE: _____

2. ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) ____ - _____

3. DATES ATTENDING CAMP: From: ____/____/____ To: ____/____/____

4. CUB SCOUT RESIDENT CAMP BOY SCOUT RESIDENT CAMP

5. Has the applicant attended a Bucks County Council Summer Camp before? YES NO

6. Has the applicant received a camp scholarship previously? YES NO

7. Reason for the scholarship request:

- Parent(s) or Guardian(s) currently unemployed
- Extreme illness in immediate family, with accompanying financial burdens
- Large immediate family size with minimal income
- Other, Explain: _____

8. TOTAL CAMP FEE \$ _____

9. Family's share of camp fee \$ _____ (Required)

10. Share of camp fee from the unit \$ _____ (Required)

11. Share of camp fee from other source \$ _____

12. Amount requested from the Camp Scholarship Fund \$ _____ (**MAXIMUM** grant is 50% of the total camp fee)

13. UNIT LEADER'S NAME: _____ PHONE: (____) ____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OFFICIAL USE ONLY

APPLICANT APPROVED: _____ DATE: ____/____/____

HOLD FOR ADDITIONAL INFORMATION: _____ DATE: ____/____/____

APPLICATION NOT APPROVED: _____ DATE: ____/____/____

APPLICATION FOR FREE AND REDUCED-PRICED MEALS SUMMER FOOD SERVICE PROGRAM

PDE-3790A (1/93)

SPONSOR NAME: Bucks County Council, Boy Scouts of America

To apply for free and reduced-priced meals for your child, carefully complete, sign and return this application to the sponsor. If you need help with this form, please call this telephone number: (215) 297-5290 (Ockanickon Scout Reservation)

1. NAME OF CHILD: _____
Last Name First Age

2. FOSTER CHILD In certain cases foster children are eligible for benefits regardless of your household income. If you are applying for a foster child, contact the sponsor for instructions. Complete Part 4 for the foster child only.

3. HOUSEHOLDS RECEIVING FOOD STAMPS OR AID TO FAMILIES WITH DEPENDENT CHILDREN

If you are NOW receiving food stamps or AFDC for THIS child, you may give your food stamp case number or AFDC number. If you complete Part 3, do not complete Part 4. THE APPLICATION MUST HAVE THE PRINTED NAME AND SIGNATURE OF AN ADULT.

YES, I received food stamps or AFDC for this child this month and want Summer Food Service Program meals. Food Stamp Case Number _____
 or
 AFDC Case Number _____

4. ALL OTHER HOUSEHOLDS

If you did not give a food stamp case number or AFDC number; you MUST complete the following information and sign the application or your application can not be approved.

HOUSEHOLD MEMBERS: List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use a separate sheet of paper.

INCOME: List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title. The sponsor will total the monthly income.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
Name (Last, First)	Age	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that sponsor officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult MUST sign the application before it can be approved.

Signature of Adult _____ Social Security Number _____
 Printed Name of Adult _____ Home Address _____
 Date Signed _____ Home Telephone _____ Work Telephone _____

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application, or an indication that the household member does not possess a social security number. You do not have to give social security numbers, but if you refuse your child cannot receive free or reduced-priced meals. The social security numbers may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

FOR SPONSOR USE ONLY — DO NOT WRITE BELOW THIS LINE

Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible Signature of Determining Official: _____	To figure Monthly Income: Weekly x 4.33 Biweekly x 2.15 Twice a month x 2 = _____
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