

NATIONAL CAPITAL AREA COUNCIL, BSA  
GREG AUGUSTINE  
CAMPER AID 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](http://www.boyscouts-ncac.org) for camp dates and other information)

Unit Leader's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Leader's Address: \_\_\_\_\_

**IMPORTANT: ALL CAMPER AID REQUESTS ARE DUE AT THE COUNCIL SERVICE CENTER BY APRIL 15. THE CAMPER AID COMMITTEE WILL MEET AND MAKE AWARDS AT THAT TIME. REQUESTS RECEIVED AFTER APRIL 15 WILL ONLY BE CONSIDERED IF 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. **Camper Aid applications submitted without fees, or otherwise incomplete, will be returned without processing.** All requests will be considered in a confidential manner and you will be notified if financial assistance is awarded after the committee meets in April.

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: Program Dept. (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: \_\_\_\_\_