

PHILMONT CAMPERSHIP APPLICATION

Return this application to the Shenandoah Area Council Service Center by December 1st

Name: _____ Unit Type & #: _____

Address: _____

City, State, Zip: _____ Phone #: _____

Rank (If applicable): _____ Birth Date: _____

Instructions: Add lines B, C, & D (Total Available Contribution Toward Cost) Subtract Line E from A (Total Cost of Philmont Exp.) = Amt. of Campership requested.

- A. Total Cost of Philmont Expedition \$ _____
- B. Family Contribution \$ _____
- C. Scout's Earned Contribution \$ _____
- D. Unit, Community or Civic Group Contribution \$ _____
- E. Total Available Contributions (add lines B,C,D) \$ _____
- F. Subtract Line E from A = Financial Need \$ _____

Amount of Campership Requested \$ _____

Do you wish to elaborate on the need for this campership? _____yes _____ no

If yes, please describe: _____

Unit Leader Approval: _____ Date: _____

Parent's Name: _____

Phone #: Day _____ Night _____