

Holy Trinity Camp Scholarship and Information Application 2024



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GENERAL INFORMATION

As part of its mission of character development, Minsi Trails Council, BSA and Charter Partner, Holy Trinity Roman Catholic Church, Whitehall, PA recognizes that all BSA registered youth should have a quality summer camp experience.

The Holy Trinity Roman Catholic Church Camp Scholarship Fund was established to assist in making the council's vision a reality by providing financial assistance to BSA registered youth of the Holy Trinity Roman Catholic Church to attend camp. **The Holy Trinity Roman Catholic Church Camp Scholarship is limited to Minsi Trails Council Resident Camps or Minsi Trails Council Day Camps.**

ELIGIBILITY

To be eligible for financial assistance, a youth must:

1. Be a member of Holy Trinity Roman Catholic Church and a BSA registered youth within Minsi Trails Council.
2. Provide descriptive reason for financial assistance.
3. Be recommended for a camp scholarship by his/her unit leader.
4. Be approved by the Holy Trinity Roman Catholic Church Camp Scholarship Committee.

Families with multiple youth must submit a separate application request for each youth requesting a scholarship. Please complete the application and submit using the form on the reverse side of this page. The application must be signed by the youth's parent or legal Guardian and unit leader.

The application should be marked "CONFIDENTIAL" and mailed to:

Attn. Brian Dungan
Holy Trinity Catholic Church Camp Scholarship Fund
c/o Minsi Trails Council, BSA
P.O. Box 20624
Lehigh Valley, PA 18002-0624

After reviewing the application, a camp scholarship committee representative will notify the 2024 recipients.

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Holy Trinity Roman Catholic Church Camp Scholarship Application 2024

This form is completely confidential and must be completed in its entirety for consideration. A parent must complete all the items listed and provide additional information when requested.

PERSONAL INFORMATION

YOUTH NAME: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ BEST PHONE #: _____

EMAIL ADDRESS: _____

UNIT TYPE AND NUMBER: _____ YOUTH RANK: _____

UNIT LEADER: _____

	Minsi Cub Scout Camp	Camp Minsi Scouts BSA Camp	Cub Scout Day Camp
How much will you pay?	_____	_____	_____
How much is coming from fundraising?	_____	_____	_____
Amount Pack/Troop/Crew will provide	_____	_____	_____
Amount requested	_____	_____	_____

Descriptive reason for financial assistance:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I verify the above information is correct.

UNIT LEADER SIGNATURE: _____ DATE: _____

I recommend this Scout for a camp scholarship