**Discovery Camps Scholarship Form** 

To be completed by Parent or Guardian:			_
	Camp Dates: Fr	om	To
Youth's Name			_/Age
Youth's Address			
City		State	Zip
Camperships are given to families with varion hardship, low-income family, etc.	ous needs including	unemployed	d head of household, med
Approximate Household Income:  □ under \$20,000	□ \$20,001-\$30,000	□ \$30,00	1-\$40,000 □ \$40,001 or m
Does your child receive either free or reduced	l lunch at school?	′es	No
Please describe reason for requesting financial assistar consideration.	nce. Include any circumsta	nces we shoul	d be aware of and take into
Please provide a narrative to explain why this experience	ce of attending a Discovery	v Camp progra	m would benefit your child (ren)
Each year, Northern Star Scouting raises funds to suppor to continue to support the program if they receive a than describing what the program experience has meant to yo	ik you note. We encourag	e you and you	r child (ren) to write a thank you r
Campership is requested for:			
□ Discovery Day Camp (\$285) □ Camp Invel	ntion (\$295) □ Disco	overy Adven	ture Camp (\$475)
Amount Youth Will Pay: \$			
Amount Requested: \$(u	ip to 50% of the total t	ee)	
By checking this box, I hereby certify that our	r circumstances current	y reflect our f	financial need as accurate.
Parent or Guardian Name:		Date:_	
Parent's email address to send confirmation to	:		

Confirmation will be emailed to the parent. Retain a copy of your confirmation & bring with to camp. Email request to <a href="mailto:kburbank@northernstar.org">kburbank@northernstar.org</a>

NORTHERN STAR