Brian Merriman Memorial Youth Campership Application

“Leadership through Service”

Application must be received in the Council office by June 1st

This form must be completed and signed by the Unit Leader or Unit Committee Chairman.

Please send your completed form to
Blue Ridge Council, BSA
Brian Merriman Memorial Youth Application
1 Park Plaza
Greenville, SC 29607

For Campership Selection Committee Use:

Date Received ___________________
Amount Rewarded________________

Blue Ridge Council
Boy Scouts of America
1 Park Plaza
Greenville, SC 29607
864-233-8363

Boy Scouts of America
Blue Ridge Council

Brian Merriman Memorial
Youth
Campership Application
Brian Merriman Memorial Youth Campership Application

Name of Scout
____________________________________________________________________

Rank
____________________________________________________________________

Age
____________________________________________________________________

Unit #
____________________________________________________________________

Address of Scout
____________________________________________________________________

City State Zip

Please list the number of service hours or BSA projects that the scout has participated in.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name of Parent or Guardian
____________________________________________________________________

Phone number of Parent or Guardian
____________________________________________________________________

Amount of campership requested
____________________________________________________________________

Explain why this Scout should be considered for the Brian Merriman Memorial Campership:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Contact information of Unit Leader or Unit Committee Chairman who filled out this form:

Name
____________________________________________________________________

Position
____________________________________________________________________

Address
____________________________________________________________________

Email
____________________________________________________________________

Phone Number
____________________________________________________________________

Signature
____________________________________________________________________

Applicant should submit a short essay to provide detail and experiences as to how their Scouting services benefit the community.

Unit Leader or Committee Chairman should submit Letter of Recommendation.