

**Belleville Henderson  
Panthers All-Sports Booster Club**

REQUEST FOR CAMP SCHOLARSHIP FUNDING

Camp scholarships are available for students attending athletic camps.

1. Scholarships are available to those students who are enrolled in the Belleville Henderson Central School District.
  2. Each child may receive ONE camp or league scholarship (\$50.00) for the calendar year Sept. 1 – August 31.
  3. Scholarship money will not be paid to a student or parent. Scholarship money is sent directly to the organization sponsoring the camp. (It is important that the information on this form is completed accurately.)
  4. This scholarship is not to be applied toward a non-refundable down payment or deposit. If the student does not attend the camp, the \$50.00 shall be immediately returned to the BHCS All-Sports Booster Club.
  5. Student must have played on the modified, JV or Varsity level during the school year.
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**APPLICATION FOR PANTHERS**

DATE: \_\_\_\_\_ **ALL-SPORTS BOOSTERS CAMP SCHOLARSHIP**

PRINT STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SPORT PLAYED AT BHCS: \_\_\_\_\_ LEVEL: \_\_\_\_\_  
(List only one sport played during school year) (Ex: modified/JV/varsity)

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_

ADDRESS to which payment should be sent: \_\_\_\_\_  
\_\_\_\_\_

CAMP PHONE NUMBER/CONTACT INFORMATION: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DUE DATE payment must be sent to camp organization: \_\_\_\_\_

By signing below, I affirm that the information I have provided is true and correct.

\_\_\_\_\_  
Parent Signature

**THIS FORM MUST BE SUBMITTED TO  
BHCS Booster Club C/O Kristine Maloney, Treasurer, PO Box 198, Belleville, NY 13611  
AT LEAST TWO WEEKS PRIOR TO DEADLINE OF PAYMENT TO CAMP.**

A copy of registration/camp materials should be attached to this form.