

# Holy Trinity Camp Scholarship and Information Application 2026



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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:

Minsi Trails Council  
Attn. Brian Dungan  
Holy Trinity Catholic Church Camp Scholarship Fund  
991 Postal Rd  
Allentown, PA 18109

After reviewing the application, a camp scholarship committee representative will notify the 2026 recipients.

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# Holy Trinity Roman Catholic Church Camp Scholarship Application 2026

**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: \_\_\_\_\_

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

Descriptive reason for financial assistance:

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I verify the above information is correct.

UNIT LEADER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I recommend this Scout for a camp scholarship