

CAMPERSHIP APPLICATION

INSTRUCTIONS TO PARENT/GUARDIAN TO APPLY FOR CAMPERSHIPS:

This fund provides camperships for Scouts from the Santa Clara County Council attending a Santa Clara County Council resident, day, and summer camp program. The primary source of campership funds come from private individuals. These campership donors give out of a desire for every Scout to have an exciting quality camp experience. Those wishing to make contributions should please contact the Council Service Center at (408) 280-5088 Ext. 21.

NOTE: Campership applications are NOT registration forms for camp, they are applications for financial aid. Please give the appropriate camp application with the required deposit to the Council Service Center.

1. Due to the large number of campership requests, only youth who are registered in the Santa Clara County Council and are attending a Santa Clara County Council camp will be considered. **Only one week of camp per Scout will be granted.**
2. May 1st is the deadline for all summertime programs. However, because of the processing involved and because the campership fund committee must approve all requests individually, it is requested that you send in this form as soon as possible. Two to three months in advance is not too soon.
3. **USE ONLY ONE FORM PER SCOUT.** More campership forms may be obtained from the Council Website: <http://www.scccbsa.org>, or at the Council Service Center located at 970 West Julian Street in San Jose, or by calling (408) 280-5088 Ext. 21, or by photocopy this application form.
4. **Answer every question on the form and please make sure the form is signed.**
5. For Cub Scouts attending a camp, please complete the correct camp application along with half of the total cost due. Please do not pay any further fees until you receive notification.
6. **WHAT DO I DO WITH THIS FORM?** This confidential information does not need to be shared with your unit leadership. This application should be mailed directly to the address below. Advise your unit leader that you have submitted a campership application.
7. Notification of how much the family must pay will be sent to both you and your unit leader. A total campership is not given. The campership is granted up to ONE-HALF the cost of the camp fees. The Scout/parent will be asked to make up the difference. Your pack, troop or crew can sometimes help out. Ask your unit leader how your Scout can sell popcorn or Scout-O-Rama tickets and pay his way to camp. The form will tell you how to submit the balance due.
8. You must include the camp location, name and date the Scout is attending camp. If you do not know, ask your unit leader.
9. As with any program of this type, the donors providing the funds are always pleased when they receive a thank you letter from the Scouts who have benefited from these funds. Your confirmation letter will provide the Scout with further information on how to thank our campership donors.
10. **Campership applications should be addressed to the BSA office at the address below.**



BOY SCOUTS OF AMERICA
Santa Clara County Council

Campership Fund
Attn: Program Director
Santa Clara County Council, BSA
970 W Julian Street
San Jose, CA 95126
(408) 280-5088 Ext. 21
Fax: (408) 280-5162
support@scccbsa.org

CAMPERSHIP APPLICATION

**INCOMPLETE APPLICATIONS WILL BE RETURNED!
PLEASE READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.**

Check One: Pack Troop Team Crew Provisional Unit # _____ District _____

Camper's Name (Last) _____ (First) _____

Address: _____ City _____ Zip _____

Home Phone: () _____ Other Phone: () _____

Child's Age at Time of Camp: _____ Birth Date: ____/____/____ Is child a foster child? Yes No

Father/Guardian's Name: _____ Occupation: _____

Email : _____ Cell/Work Phone: _____

Mother/Guardian's Name: _____ Occupation: _____

Email : _____ Cell Work Phone: _____

CAMP ATTENDING:

___ Cub Day/Twilight Camp ___ Cub Scout Resident ___ HI-Sierra Resident

___ Chesebrough Weekend ___ Webelos Resident ___ Hi-Sierra Trek

Date(s) your son will be attending camp: _____ Cost of camp \$ _____

Amount of campership requested \$ _____ Number of other siblings attending a camp this summer: _____

MONTHLY FAMILY INCOME

Gross Monthly Income: \$ _____ (salary, wages, commission, etc.)

All Other Assistance: \$ _____ (alimony, welfare, AFDC, support, etc.)

Number of persons in household dependent on income: _____

On a separate piece of paper please answer the following questions to help us evaluate your request.

1. Why do you want your Scout to attend camp?
2. How will the Scout be earning his portion of the camp fee?
3. Please have your Scout tell us in his own words why he wants to attend camp this summer?

FOR PARENT OR GUARDIAN:

In consideration of this campership application for sponsorship, I agree to the following conditions: (1) to allow my child to attend camp; and (2) to contribute the amount of money specified for my child to attend camp.

Parent/Guardian's Signature: _____ Date: _____

******NOTE: ALL information contained in this application is considered confidential******

SCCCBSA: Date Received: _____ Approved Campership \$ _____

Denied—Reason: _____

Approved by: _____ Date: _____

Date Letter Sent: _____