

APPLICATION FOR CONSIDERATION OF A CAMBERSHIP FOR SUMMER PROGRAMS

Camperships or scholarships for camp are available for programs offered by Santa Clara County Council. Camperships are limited to a maximum of 50% of the standard registration fee for the program the Scout is attending. Due to the limited amount of funds available for camperships, please provide as much information as possible when completing this form so that campership can be awarded to the neediest of our Scouts. To avoid delays or returns, fill out this form completely. All information provided in this application will be kept in confidence.

Scout's name: _____ Age: _____

Pack _____ Troop _____ Team _____ Crew _____ Unit _____ District _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian name(s) _____

Primary phone _____ Secondary phone _____

Email: _____

Program Scout is attending: _____ Cub Day/Twilight Camp _____ Cub Resident Camp

_____ Chesebrough Activity _____ Webelos Resident Camp _____ Hi-Sierra Resident Camp

Date(s) Scout will attend camp _____

Standard fee cost of camp _____ Amount of campership requested _____

State reason(s) why campership is being requested (be specific) _____

Why do you want your Scout to attend camp? _____

How will the Scout be earning his portion of the camp fee? _____

Have the Scout complete this question

Why do you want to attend summer camp? _____

Number of people in household _____ Approximate annual family income _____

Number of other children in family attending Scout camp _____

List the amount of each of the following will be paying towards the camp fee:

Scout \$ _____ Family \$ _____ Unit \$ _____

Other, be specific _____

Amount of Campership requested _____

Parent/Guardian signature _____ Date _____

Unit Certification: We certify that this Scout is properly registered in our unit and is currently planning on attending the camp program as indicated above. We feel this youth is deserving of financial assistance.

Unit leader's signature **Date**

Committee chairman's signature **Date**

In order to be considered this campership application must be received at the Santa Clara County Council Scout Service Center on or before May 1.

Campership applications are to be sent to:
Santa Clara County Council
Attention: Program Executive
970 W Julian St
San Jose, CA 95126

For Office Use Only

Date Received _____ Amount Granted _____

Approved by _____ Date _____