

CALIFORNIA INLAND EMPIRE COUNCIL

BOY SCOUTS OF AMERICA

YOUTH CAMPERSHIP APPLICATION

Scout Information												
First Name		Last Name			Rank							
Address		Cit	У			Zip						
Unit #	Unit Type	District						Years in Scouting				
	□ Pack	☐ High Desert		□ Old Bald		□ Grey Ar						
	□ Troop	□ Tahquitz □ Mt Rubidoux			idoux	□ Sunrise						
□ Crew		☐ Temescal les		it Francisco	Did the H							
Did this Scout participate in Popcorn Sa			Did this Scout partici	t Fundraising	Did the Unit participate in Delivering the Promise ☐ YES ☐ NO							
□ YES □ NO		□ YES □ NO										
Parent/Guardian/Scou	t Statement: Plea	se t	se tell us about your Scout/Yourself, dreams, ambiti									
this Scout/You will ber			-			·						
If Campship is for NYI T	If Campship is for NYLT or Foxfire Please answer the following: How will use this training in your life and your scout unit?											
	or roame rieuse	u	wer the following. He		g y		. you.					
			Campership R	Poguesto	J							
0 5 (0			•	•				<i>u</i> =				
□ Camp Emerson (Scou	,		lent Camp at Camp Em	nerson	□ Foxfire			/LT				
Cub Scout Day Camp (Please Select District)												
□ Old Baldy □ Grey	Arrow 🗆 High De	eser	t 🗆 Mt Rubidoux	□ Sunrise	□ Tahqu	itz 🗆 Ten	nesca	l				
Total Camp/Program Fees:												
Amount of camp fee to be earned and/or paid by camper/family:												
Amount of camp fee to be paid by unit (if applicable):												
			Amount of Cam	npership as	sistance reques	ted:						

Scout Name:									
Household Information									
Parent/Guardian Names& Occup	pation								
Parent/Guardian Names & Occu	unation								
raient/Guardian Names & Occu	растоп								
Number of Adults in Household	Number of Children/De	ependents in the Household	Approximate Gross Annual Family Income						
Please provide any other consid	erations or factors.								
Parent/Guardian Email Address		Best Phone Number							
Unit Information		A Unit Leader is any BSA Registered Adult in your Unit. (Cubmaster, Scout Master, Den Leaders, Assistant Committee Members)							
Unit Leader		Unit Leader Phone #							
Unit Leader Email		Unit Leader Position							
Unit Leader Statement: Describe	how this Scout will he	enefit from attending camp an	d why they need assistance						
ome Leader Statement. Describe	Thom this scout will be	cheme from according camp an	a why they need assistance.						
	•		s (Popcorn or Camp Cards) or if the unit did						

- All applicants must be currently registered youth with the California Inland Empire Council.
- No full camperships are awarded. Partial camperships will be awarded based on the information provided.
- Camperships are non-transferable.
- The youth campership form does not reserve the scout a place at camp
- One campership per youth scout. -Campership Form is not for adults.
- Assistance is only available for California Inland Empire Council Camps.
- Notification of funds awarded will be sent by email to Parent and Unit Leader no later than mid-May.
- Only complete applications will be considered; incomplete applications will not be reviewed.

Send completed forms to Beverly Gruendner <u>beverly.gruendner@scouting.org</u> or Fax 909-793-0306

California Inland Empire Council – Office Use Only The action of the Campership Department									
Approved in the Amount of \$									
☐ Denied because of	☐ Guidelines Not Met	☐ Form Incomplete							
Notes									
Camping Department Review/Accepted:									