

**Winter NYLT Course Only**  
**CALIFORNIA INLAND EMPIRE COUNCIL**  
**CAMP SCHOLARSHIP APPLICATION**  
 FINANCIAL ASSISTANCE TO ATTEND OUR COUNCIL CAMPS  
**DEADLINE November 30, 2021**

1. To apply for a camp scholarship a Scout must participate in the Council Product Sales (Popcorn or Camp Cards) or if the unit did not participate in Council Product Sales, the unit must have contributed to the annual Friends of Scouting (FOS) campaign.
2. All applicants must be currently registered with the California Inland Empire Council.
3. No full camp scholarship are awarded. Partial camp scholarships will be awarded based on information provided.
4. Camp Scholarships are for **youth participants only**, no adults or staff will be considered.
5. Camp scholarships are non-transferable.
6. **CAMP SCHOLARSHIPS DO NOT QUALIFY FOR DISCOUNTED ACTIVITY FEES.**
7. Camp Scholarship form do not reserve the Scout a place at camp.
8. One camp scholarship per Scout. **No Duplicates.**
9. Assistance is only available for California Inland Empire Council.
10. Notification of funds awarded will be sent by email to Parent and Unit Leader.
11. Only complete applications will be considered; incomplete applications will not be reviewed.

**Send completed forms to Beverly Gruendner [beverly.gruendner@scouting.org](mailto:beverly.gruendner@scouting.org)**

District Name: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit No: \_\_\_\_\_

Scout's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Confidential) Total Annual Income: \_\_\_\_\_

Number of children under 18 in household: \_\_\_\_\_ Total members living in household: \_\_\_\_\_

Choose the camp below that you are applying for

	Camp Attending	Activity Fee
	NYLT	\$350

“A Scout is Thrifty” – They Help Earn Their Way

Activity Fee: \$ \_\_\_\_\_

Family can provide: \$ \_\_\_\_\_

Unit Can Provide: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

**Parent/Guardian Statement:** Please tell us about your Scout, their dreams, ambitions and interests. Describe how this Scout will benefit from attending camp and why you are in need of assistance.

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\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

**THIS SECTION TO BE COMPLETED BY THE SCOUTS UNIT OR UNIT LEADER**

Scouts Name: \_\_\_\_\_

Unit Leader Name: \_\_\_\_\_

Unit Leaders Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Unit Leader Statement:** Describe how this Scout will benefit from attending camp and why they are in need of assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did this Scout sell popcorn:**  Yes  No **If yes, how much?** \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Did your unit participate in Friends of Scouting (FOS) campaign:**  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Unit Leader Signature**

\_\_\_\_\_  
**Date**