

# Campership Application

Applications should be submitted by May 15th for all Summer Camps and no later than 120 days for High Adventure activities, and 30 days prior to a District/Council Event. Camperships are limited to one per individual, per year. Camperships are available for Youth and Adult members of the Pacific Crest Council. **To be completed by a parent or legal guardian:**

**Please indicate the camp or event you are requesting support for:**

<input type="checkbox"/> Cub Scout Day Camp	<input type="checkbox"/> Cub Scout Resident Camp
<input type="checkbox"/> Scouts BSA Summer Camp	<input type="checkbox"/> Equipment Needs
<input type="checkbox"/> NYLT <input type="checkbox"/> Wood Badge	<input type="checkbox"/> High Adventure Base/Trip - Name: _____
<input type="checkbox"/> In Council <input type="checkbox"/> Out of Council	Other: _____

Camp/Event Name: \_\_\_\_\_ Camp/Event Date(s): \_\_\_\_\_

**Please indicate which Campership Fund you are seeking assistance from.**

Pacific Crest Fund - For youth/adults attending Pacific Crest Council Camps/Activities.  
 Dale Fund - For youth/adults attending Summer Camp, High Adventure Programs, Training Programs inside and outside of the Pacific Crest Council.

### Applicant Information

Applicant Name: \_\_\_\_\_  Youth     Adult

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (Parent/Guardian if a youth): \_\_\_\_\_

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

Date of Application: \_\_\_\_\_ Signature : \_\_\_\_\_

Unit Type - Pack/Troop/Crew/Ship/Post: \_\_\_\_\_ Number: \_\_\_\_\_ District: \_\_\_\_\_

#### Campership Request

<b>Total Camp/Activity/Equipment Cost:</b>	\$	_____
- Amount Scout/Adult/Family will contribute:	\$	_____
- Amount Provided by Unit Fundraisers:	\$	_____
- Amount provided by other sources:	\$	_____
<b>= Amount Requested \$</b>		_____

*(Pacific Crest Fund may provide up to 50% of the total fee \$400 max)*

#### For Office Use:

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Fund: \_\_\_\_\_

Acct#: \_\_\_\_\_

Approved by: \_\_\_\_\_

SE Signature: \_\_\_\_\_

## Family Information

This section must be completed by the Scout's parent/guardian, or by the adult applying for assistance. Briefly describe the circumstances, including financial matters, that necessitate the need for assistance.

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Parent/Guardian #1 Name: \_\_\_\_\_ Relation to Scout: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relation to Scout: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

***For Adult Applicants, also include your occupation information above.***

Annual Household Income: \_\_\_ \$20,000+ \_\_\_ \$30,000+ \_\_\_ \$40,000+ \_\_\_ \$50,000+ \_\_\_ \$75,000+

## Unit Endorsement

**Completed by:** \_\_\_\_\_ **Unit Leader** \_\_\_ **Committee Chair** \_\_\_ **Other** \_\_\_

Please provide as much information as possible to assist the committee in evaluating this application. Review the application to make sure information is provided on each of the cost factors found in the campership request section on page one. Your independent evaluation of the need for assistance needs is very important. (*endorsement should not be offered by a family member*)

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**Number of registered youth in the Unit:** \_\_\_ **Number of registered adults in the Unit:** \_\_\_

**How many youth in the unit will be attending the Camp/Activity?** \_\_\_

**Did the unit participate in Council fundraisers?** \_\_\_ Yes \_\_\_ No

If yes which one(s): \_\_\_\_\_

**Did the applicant participate in unit and Council fundraisers?** \_\_\_ Yes \_\_\_ No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_