



2019 CAMPERSHIP INFORMATION

Each year we are able to help Scouts go to **Summer Camp, Cub Day Camp or Cub Resident Camp** with the help of the funds generated in this council.

Specific guidelines have been established in order for a scout to qualify for the program. Please read the enclosed information carefully.

1. The age limit to receive campership money is no older than 18.
2. There are a few ways to establish a camper's financial eligibility.
 - Use Chart 1 to establish a family's financial eligibility. Children from households with incomes at or below the levels established are eligible for assistance.
 - All foster children, AFDC children or families who receive Medi-Cal automatically qualify for the program.
 - **Hardships that may have accrued to a family (such as loss of employment, loss of home, major medical illness....)**

Scoutmaster, fill out Section 'A' of the form and sign before giving the forms to the parents or guardians to fill out. Section B, C, and D are to be fill out by the parents or guardians. All information must be complete. If information is not supplied, the form will be sent back to the Scoutmaster to see that it is complete. Upon completion of the back, the application should be returned to the Council.

All applications should be in the Greater Los Angeles Area Council, Camping Department 30 days before your Scout will attend their program.

Applications will be reviewed on a first come first serve bases. Your Scoutmaster will be notified when the application is approved or denied, and the amount will be credited to the unit or your reservation for camp.

If you have any questions, please feel free to call the Camping Department at (626) 351- 8815 x241 or 249

NOTE: You may apply for up to 50% of camping fees. No one scout will receive a 100% campership.

INCOME ELIGIBILITY GUIDELINES FOR A HOUSEHOLD

Income Chart 2019	
Household Size	Annual
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$32,740
7	\$38,060
8	\$42,380
For each additional member add	+ 4,320

2019 REQUEST FOR CAMPERSHIP ASSISTANCE

FINANCIAL ASSISTANCE TO ATTEND GREATER LOS ANGELES AREA COUNCIL CAMPS*

(One application per youth)

Please **PRINT** all information except signatures. Information is confidential. Section A must be completed by the leader (Leader is Scoutmaster, Cubmaster, adviser (NL), committee chairman, chartered organization representative, den leader) along with the case history found on page 2 of this application, **BEFORE** Section B, C, and D are filled in by parents or guardians. Parents or guardians must send the completed form to: **GREATER LOS ANGELES AREA COUNCIL, BOY SCOUTS OF AMERICA, 3450 E. SIERRA MADRE BLVD, PASADENA, CA, 91107. Or email to danette.verdugo@scouting.org**

***The 9th point of the Scout Law is "A Scout is thrifty" and each camper is to earn as much of their own way as possible. Partial camperships awarded; No full camperships can be awarded. CAMPERSHIPS ARE AWARDED TO GREATER LOS ANGELES AREA COUNCIL SCOUTS ATTENDING A GREATER LOS ANGELES AREA COUNCIL CAMP (as provided in Section A).**

Section A Submitted (circle one) by Troop or Pack or Crew. Number _____ District _____

Campership for: <i>Camp</i> <i>(circle one):</i>	Cherry Valley	HESR Camp Big Horn	Cabrillo Youth Center	Camp Trask
<i>Scout will attend:</i> check box	<input type="checkbox"/> Boy Scout Resident <input type="checkbox"/> Cub Resident Camp <input type="checkbox"/> Webelos Golden Nugget Weekend	<input type="checkbox"/> Boy Scout Resident Camp	<input type="checkbox"/> Cub Scout Resident Camp	<input type="checkbox"/> Cub Day Camp

Dates Scout will attend: from _____ to _____

PRINT Name of Leader _____ Phone () _____

Address _____ City _____ Zip _____

Signature of Leader _____

SCOUTS INFORMATION: Print Clearly

Name of Camper _____ Age _____ Years in Scouting _____

Address _____ City _____ Zip _____

Phone () _____

Section B

Camper's rank in Scouting: _____

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 Campership assistance requested: \$ _____

Section C

Total family monthly income \$ _____ Annual income \$ _____

Camper lives with: Both parents ___ Mother (only) ___ Father (only) ___ Other _____ (specify)

Total number of persons in household _____ Brothers _____ Ages _____ Sisters _____ Ages _____

Will this family have more than one child at camp/program this year? _____ If, so, how many? _____

Section D

Signature(s) of Parent(s) or Guardian(s) _____

Address (if other than camper's) _____

City _____ State _____ Zip _____ Phone _____

Please check one (optional)

Latino ___ African American ___ Asian/Pacific Islander ___ American Indian ___ Caucasian ___ Other

Pages 2 & 3 must be completed in order for the application to be considered.

CAMPERSHIP CASE HISTORY

Instructions- This form is to be filled out by adult leaders who know this Scout personally. It is not to be filled out by the parent or guardian. **Pages 1 & 2 must be completed.** When completed, return it to the Greater Los Angeles Area Council, **Attention: Camping Department**, 3450 E. Sierra Madre Blvd., Pasadena, CA. 91107 or email to danette.verdugo@scouting.org

Extenuating reasons why this campership is needed (hardship qualifications other than income). Please be specific:

Describe Scout's home and neighborhood environment _____

The following programs help in part fund camperships and camp program. Did the Scout/family participate in any of the following (circle answers): Friends of Scouting YES NO Camp Card sales YES NO Popcorn sales YES NO. If not, explain reason:

Describe positive qualities the child or family has demonstrated (i.e. determination, initiative, etc.) These qualities should illustrate the reason for the child having been chosen to receive the campership.

Share Scout's interests and future goals _____

Greater Los Angeles Area Council - Office Use Only

District Executive Registration Review by: _____

Action of Camping Department:

___ Approved in the amount of \$ _____

___ Denied by reason of:

Guidelines not met _____ Form incomplete _____ Other _____

Date Reviewed: _____

Camping Department Review/Accepted: _____