



2020 CAMBERSHIP APPLICATION

Each year we are able to help Scouts go to a camping program/event with the help of the funds raised in this council.

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

2020 REQUEST FOR CAMBERSHIP ASSISTANCE

FINANCIAL ASSISTANCE TO ATTEND GREATER LOS ANGELES AREA COUNCIL CAMPS* (One application per youth)

Please **PRINT** all information except signatures. Information is confidential. The application should be signed by the leader (Leader is Scoutmaster, Cubmaster, adviser, committee chairman, chartered organization representative, den leader) along parent or guardians.

***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. CAMBERSHIPS ARE AWARDED TO GREATER LOS ANGELES AREA COUNCIL SCOUTS ATTENDING A GREATER LOS ANGELES AREA COUNCIL CAMP (as provided in Section A).**

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

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

Dates Scout will attend: from _____ to _____

PRINT Name of Leader _____ Phone () _____

Signature of Leader _____

Leader's Email: _____

SCOUTS INFORMATION: Print Clearly

Name of Camper _____ Age _____

Address _____ City _____ Zip _____

Phone () _____ Parent's Email: _____

Ethnicity (optional)
 Latino ___ African American ___ Asian/Pacific Islander ___ American Indian ___ Caucasian ___ Other

Scouts Name: _____

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: \$ _____

Signature(s) of Parent(s) or Guardian(s) _____
 Address (if other than camper's) _____
 City _____ State _____ Zip _____ Phone _____

All information must be completed in order for the application to be considered.

Background

Instructions- This form is to be filled out by adult leaders who know this Scout personally. **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 Please submit 30 days or more prior to program/event date.**

Reasons why this campership is needed. Please be specific:

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

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: _____
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