

# GOLDEN EMPIRE COUNCIL, BSA



# Campership Application

Note: Funds available for Camperships covered by this application come from funds restricted for use for **youth members** of the Golden Empire Council attending Golden Empire Council camp activities on **Council operated properties** and District Cub Scout Camps. Please read all instructions completely and fill in all spaces. If the space provided is not adequate, please provide additional information on an attached separate paper.

Return completed application  
no later than March 31st to:

**Golden Empire Council  
Boy Scouts of America**  
POB 13558  
Sacramento, CA 95853-3558  
Camping Desk (800) 427-1417,  
(916) 929-1417 ext. 117  
Fax: (916) 929-4461

Name:	Date of Birth:
Street Address:	
City, State, Zip:	
Home Phone:	Rank:
Unit #	<input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> Team <input type="checkbox"/> Crew
District:	
Parents Name(s):	Business Phone:

## GENERAL INFORMATION

The Council Campership Committee is concerned about the individual needs and the Unit's individual evaluation of the Scout for whom this request is made.

Camperships are limited to no more than 50% of the activity cost. Each Scout, his family, or his unit must provide a minimum of 50% of the activity cost.

Camperships are not transferable, refundable and have no cash value.

Applications must be submitted no later than March 31st.

**All information in this application will be treated confidentially.**

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In keeping with the policies of the Boy Scouts of America, the rules for acceptance and participation in camp programs are the same for everyone without regard to race, sex, creed, color, national origin, age or physical limitation.

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## INSTRUCTIONS

Please read all instructions completely and fill in all spaces. If the space provided is not adequate, please provide additional information on an attached separate paper.

### CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family, and unit. Specific consideration will be given to those that include amounts of need, and not just the maximum amount allowable.

The ninth part of the Scout Law is "A Scout is THRIFTY." A Scout works to pay his own way. The Council Campership Committee is very interested in what the Scout has done to assist his family in providing him with this camping experience. This is a character building opportunity for the Scout to learn the importance of being THRIFTY.

### FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the child to attend camp.

### UNIT ENDORSEMENT

This area is extremely valuable to the Council Campership Committee. Failure of the Unit to provide this endorsement may result in the application being denied or delayed until further information can be obtained.

Information should be provided in this area as to the Scout's attendance at meetings, overnight camping, advancement efforts, citizenship, family support to the unit, Scout spirit, and participation in Council fundraising activities like popcorn sales.

In many cases, the unit will be aware of the financial need of the Scout. Confirmation of this fact or further explanation is helpful. Do not merely repeat information already provided.

Please include the number of registered youth and number of youth attending camp. This is helpful to the committee in evaluating multiple applications from the same unit.

***Please Type or Print***

Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Please check camp attending:  Robert L. Cole  Lassen  Pahatsi

District Cub Scout Camp District: \_\_\_\_\_

Date of Camp: \_\_\_\_\_

**CAMPERSHIP REQUEST**

Cost of Camp: \$ \_\_\_\_\_

Less Cost Provided by the Family: - \_\_\_\_\_

Less Cost Provided by the Unit: - \_\_\_\_\_

Net Campership Request: \$ \_\_\_\_\_

Briefly, explain what the Scout has done to earn a portion of his camp fee. Include Council, unit and individual fund raising activities.

Popcorn Sales Year(s): \_\_\_\_\_

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

**FAMILY INFORMATION**

This section must be completed by the Scout's family. Briefly, describe the circumstances that require campership assistance for the child to attend camp.

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

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

Relation to Scout: \_\_\_\_\_

*Please Type or Print*

**UNIT ENDORSEMENT**

# of registered youth \_\_\_\_\_

# attending camp \_\_\_\_\_

Please provide as much information as possible to assist the Council Campership Committee in evaluating this application. Review the application to make sure that there are appropriate comments for this candidate.

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_  
Unit Leader

**DISTRICT ENDORSEMENT**

The District Executive gives approval that all information in this application is accurate and honestly reflects the circumstances requiring campership assistance for this youth to attend camp.

Signature: \_\_\_\_\_  
District Executive

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

**For Council Use Only:**

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

[ ] Approved [ ] Disapproved

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

Amount \$ \_\_\_\_\_

Certificate # \_\_\_\_\_

Debit Account 1-\_\_\_\_\_-\_\_\_\_\_-21

Credit Account 1-6801-\_\_\_\_\_-21