

## 2017 SAN DIEGO – IMPERIAL COUNCIL CAMBERSHIP APPLICATION

Please be as *complete and thorough* as possible! Missing information could delay or disqualify your application. All information provided is confidential. Youth should be between the ages of 6 and 17. Only one campership per year is awarded to each individual. The application and all supporting documentation must be sent to our address at SDIC-BSA ATTN: Campership, 1207 Upas St., San Diego, CA 92103 by April 30, 2017. Late applications will be reviewed based on availability of funds.

*Campers must be registered with BSA and attend an SDIC-BSA Camp to qualify for a campership.*

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### PLEASE PRINT LEGIBLY OR TYPE INFORMATION

Camp and Session Desired \_\_\_\_\_ Pack/Troop # \_\_\_\_\_

Camp Fee \$ \_\_\_\_\_

\*\*\*\*\*

Youth Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_ How many in immediate family? \_\_\_\_\_

Age of Youth \_\_\_\_\_ Amount of Annual Gross (before tax) Income \$ \_\_\_\_\_

Please Enclose Proof of Your Income (2016 tax forms) and most current pay stubs for all adults in a household.

(All information submitted is confidential)

<b><u>2017 Poverty Guidelines</u></b>		Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income
2	\$16,020	\$20,826	\$29,637
3	\$21,160	\$26,208	\$37,296
4	\$24,300	\$31,590	\$44,955
For each additional person, add	\$4,160	\$5,408	\$7,696

Is the family receiving Public Assistance?  Yes  No Case Number \_\_\_\_\_

Is this a foster home?  Yes  No (Eligibility for a foster child is based on the child's income. Please provide

San Diego – Imperial Council, BSA  
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sdiccamp@scouting.org

documentation)

Is this person related to a disabled American veteran?  Yes  No Relationship to Veteran \_\_\_\_\_

Veteran's Name: \_\_\_\_\_ Veteran Military ID # \_\_\_\_\_

Please check demographic information:

African American  Latino  Asian Pacific  Native American  Caucasian  Other/Multi

Is anyone in your family:  Military  Disabled If yes, relationship to scout: \_\_\_\_\_

What has the scout/family done to secure other funding for camp (i.e. Fundraising, Community Support, employment, etc.)

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

Please use this area to provide any additional information which may be applicable to the request for campership, such as, if the family income is over the guideline given but assistance is needed, please give the reasons. Please be as descriptive as possible. Additional pages may be attached if necessary.

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

I have completed this application, and to the best of my knowledge, all of the information is true, correct and complete.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cubmaster, Scoutmaster, Coach or Crew Leader

\_\_\_\_\_  
Date