

2018 SAN DIEGO – IMPERIAL COUNCIL CAMBERSHIP APPLICATION FOR OUT OF COUNCIL SCOUTS

The San Diego – Imperial Council, the Community Campership Council of San Diego, and others are committed to assisting the youth of our community to attend Summer Camp. Our supporters believe that the life skills and character development from the camp experience is an investment in our future.

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. CCC funds provide up to 50% of the cost of an approved SDIC camp. 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 12, 2018**. Late applications will be reviewed based on availability of funds.

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 (2017 tax forms) and most current pay stubs for all adults in a household.

(All information submitted is confidential)

<u>2018 Poverty Guidelines</u>		Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income
2	\$16,240	\$21,112	\$30,044
3	\$20,420	\$26,546	\$37,777
4	\$24,600	\$31,980	\$45,510
For each additional person, add	\$4,180	\$5,434	\$7,733

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 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