

2010 CAMBERSHIP APPLICATION

COMMUNITY CAMBERSHIP COUNCIL OF SAN DIEGO

Dear Campership Applicant/(or Parent),

To qualify for a "campership" all information on this application must be completed. If these few guidelines are followed the processing time for applications is greatly reduced. All information provided is confidential. Children should be between ages 6 and 17. CCC funds provide up to 50% of the cost of an approved camp. Only one campership per year is awarded to each individual. The application must then be sent to camp for which you are applying.

Thank you, The Community Campership Council Staff

Check box of campership you are applying for

- 1. Community Campership (for SDIC-BSA/San Diego County Residents only)**
- 2. Galiher SDIC Philmont Campership (for all SDIC scouts attending Philmont in 2010)**
- 3. Beagle SDIC Day Camp Campership (for all SDIC scouts attending cub or boy scout day camp)**

ALL CAMBERSHIP APPLICATIONS ARE DUE AT BOY SCOUT HEADQUARTERS BY FRIDAY MAY 7, 2010

Unit # _____ PLEASE PRINT OR TYPE INFORMATION

CAMP DESIRED _____ SESSION DESIRED _____

CAMP FEE \$ _____ HOW MUCH DO YOU FEEL YOU CAN PAY? \$ _____

SECTION I - TO BE COMPLETED BY APPLICANT/(OR PARENT) Email Address _____

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Name of Parent/Guardian at same address _____ Phone _____

Age _____ Boy _____ Girl _____ How many are in your immediate family? _____

Amount of Annual Gross (before tax) Income \$ _____ **Please Enclose Proof of Your Income (2008 or 9 tax forms)**

2008-2009 Poverty Guidelines		25% above the Poverty Line	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Yearly Income
2	\$14,570	\$18,212	\$18,941	\$26,955
3	\$18,310	\$22,888	\$23,803	\$33,874
4	\$22,050	\$27,563	\$28,665	\$40,793
For each additional person, add	\$3,740	\$4,675	\$4,862	\$6,919

Is family receiving Public Assistance? _____ Case Number _____

Is this a foster home? ___yes ___no (Eligibility for a foster child is based on the child's income. Please provide documentation as available)

Is this a person related to a disabled American veteran? ___yes ___no

If so, please provide Veteran's Name: _____

Veteran's Social Security # _____ Relationship to Veteran _____

Please check Voluntary demographic information: Military () Disabled ()
African American () Latino () Asian Pacific () Native American () Caucasian () Other/Multi ()

(Please turn the page over)

If the family income is over the guideline given but assistance is needed, please give the reasons.

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 (required) _____ Date _____

Signature of Cubmaster, Scoutmaster, Coach or Crew Leader (required) _____ Date _____

**PLEASE RETURN THESE FORMS WITH PROOF OF INCOME TO: San Diego-Imperial Council, BSA
1207 Upas St, San Diego, CA 92103
or fax to 619-682-3858 Atten: Camping**

Section II - To be completed by Camp/Agency

CAMP NAME _____ SESSION _____

DATES _____

CAMP FEE	\$ _____
AMOUNT PAID BY FAMILY	\$ _____
AMOUNT PAID BY CAMP	\$ _____
BALANCE REQUESTED	\$ _____

Before signing and submitting to the Community Campership Council is:

- (1) _____ Application completed in full and signed?
- (2) _____ Proof of income attached?
- (3) _____ If income is over guidelines are reasons given for needing the Campership?

Staff Signature _____ Date _____

Camp/Agency _____ Phone _____

Camper Referred by: _____ Phone _____

Comments: