

## REQUEST FOR CAMPERSHIP

Please print or type. Return the completed form to the Camping Department; Orange County Council; Boy Scouts of America; 2953 Pullman St, Santa Ana, CA 92705 or [StacyL@OCBSA.org](mailto:StacyL@OCBSA.org) . Returning this form by **June 1, 2026**, provides the best opportunity for us to meet the request.

Camperships are given to make up the difference that a Scout, their family or unit can't cover towards the youths' camp fees. **Generally, the Council Campership Grant is 40 percent of the camp fee.** In extreme circumstances, the maximum the Council will grant is 70% of the camp fee. The campership committee feels that it is important for a Scout to contribute a portion of the camping fees through personal resources or unit fundraising projects, thus meeting the spirit of the 9th point of the Scout Law - A Scout is Thrifty" - a Scout pays his own way.

Due to donor requirements, the campership money available is restricted to Orange County Council Camp participants.

### **INFORMATION ABOUT THE SCOUT:**

NAME OF SCOUT: \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Unit#: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT or GUARDIAN PHONE NUMBER: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ # OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

SIZE OF FAMILY: # OF BROTHERS \_\_\_\_\_ # OF SISTERS \_\_\_\_\_ AGES: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME **ANNUALLY**: \$ \_\_\_\_\_

AFDC/ WELFARE/ FOOD STAMPS/ FOSTER CARE NUMBER: \_\_\_\_\_

SCOUT LIVES WITH:       FATHER       MOTHER       BOTH       OTHER: \_\_\_\_\_

THE SCOUT WILL PAY \$ \_\_\_\_\_      THE UNIT WILL PAY \$ \_\_\_\_\_

THE AMOUNT REQUESTED FROM THE CAMPERSHIP FUND IS: \$ \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

### **INFORMATION FROM THE UNIT LEADER (NOT A FAMILY MEMBER):**

NAME OF UNIT LEADER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

WHAT PROPERTY IS THE UNIT OR YOUTH ATTENDING? \_\_\_\_\_

WHEN IS THIS UNIT OR YOUTH ATTENDING? \_\_\_\_\_

**TO BE COMPLETED BY THE UNIT LEADER (NOT A FAMILY MEMBER).**

Describe/give examples of why the Scout needs and how they will benefit from a camp experience:

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How has Scouting helped the Scout? What special qualities have they demonstrated? Give examples:

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What is their home and neighborhood like? Describe:

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What personal problems has the Scout encountered? Describe and give examples:

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Describe positive qualities the Scout has demonstrated that illustrate the reason that the Scout should be chosen to receive a campership:

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What are the Scout's interests and future goals? \_\_\_\_\_

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What is the Scout's grade level/potential? \_\_\_\_\_

What is the Scout's ethnic group? (Circle one):

White  Black  Hispanic  Asian  American Indian - (Indicate tribe below)

Other: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Membership verified: YES NO

Applicant meets income guidelines: YES NO

Application approved for \$ \_\_\_\_\_

Reason for denial (if any): \_\_\_\_\_