

2026 NATIONAL SCOUT JAMBOREE CAMPERSHIP APPLICATION

APPLY NOW!!!!

Applications will be reviewed as received and granted as funds are available.

Please send this form marked "Personal and Confidential" to:
ATTN: Kelly Wratkowski (**EYES ONLY**), Scouting America, National Capital Area Council,
9190 Rockville Pike, Bethesda, MD 20814 or Kelly.Wratkowski@scouting.org

*Note: Information in **red** is required. Incomplete applications **will not** be considered.*

CONFIDENTIAL INFORMATION

*To protect your private information, **Part B** should be completed by the unit leader **first**.*

PART A (to be completed by/with a parent/guardian)

SCOUT'S / VENTURER'S INFORMATION:

Name _____ Home Troop/Crew Number _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____ Date of Birth _____ Age _____

Name of Parent or Guardian _____

FINANCIAL NEED:

What distinguishes your need from others that sets you apart? _____

What are you doing to raise funds? _____

EMPLOYMENT:

Father/Guardian _____
Employer _____ Position _____

Mother/Guardian _____
Employer _____ Position _____

HOUSEHOLD SIZE:

Please indicate the number of household members currently residing in your home:

☐ 8 or more

☐ 5-7

☐ 4 or fewer

Ages: _____

Total Annual Household Income: \$ _____

☐ One Parent Household

☐ Two Parent Household

☐ One Income Household

☐ Two (or more) Income Household

PLEASE LIST EMPLOYMENT, MEDICAL OR OTHER INFORMATION THAT CAN BE HELPFUL:

The amount requested from the campership fund is \$ _____ (Maximum is \$850)

I attest that all information and statements on this form are true and correct.

Signature of parent/guardian

Date

PART B (to be completed by the youth member's hometown Scoutmaster / Crew Advisor.
(If this adult leader is a family member, an assistant leader should complete this section)

(To protect your personal information in Part A, this should be completed first and returned to you.)

Name of Leader _____ Troop/Crew # _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

What is the Scout's/Venturer's ethnic group:

☐ African American ☐ American Indian ☐ Asian ☐ Hispanic ☐ White ☐ Other _____

Describe and/or give examples of why the Scout/Venturer needs assistance: _____

Describe positive qualities the Scout/Venturer has demonstrated to illustrate why he/she should be chosen for a campership: _____

What are the Scout's/Venturer's interests and future goals? _____

Signature of leader

Date

FOR OFFICE USE ONLY

Date application received: _____

Membership verified: Yes ☐ No ☐

Application meets income guidelines: Yes ☐ No ☐

Application approved for: \$ _____

Reason for denial (if any): _____

Signed by: _____