Campership Request Form

Instruction:

This application is to be used for ALL WLACC events where Camperships are applicable.

- COMPLETE page two of this request form.
  - If information is missing this may result in the request being delayed.
- Return page two of this form to:
  - Mail: Camping Department Western Los Angeles County Council; BSA 16525 Sherman Way Unit C-8 Van Nuys, CA 91406.
    - Checks can be made out to WLACC-BSA
  - Fax: 818-901-4887
  - Email: camping@bsa-la.org
  - Returning this form early provides the best opportunity for us to meet the request, please submit applications by the Second Friday in February.
  - Please be aware that funds are awarded on a periodic basis.

A campership fund has been established by WLACC to ensure Scouts have the opportunity to participate in Summer Camp. Camperships are awarded based on individual financial need.

- TO BE WRITTEN BY PARENT OR GUARDIAN _____ I have enclosed a description of extenuating financial considerations that are pertinent to this application for a campership

To help ensure the future of camp scholarships we kindly request Scouts share their wonderful experience with donors by:

- Provide 1 digital picture or 1 short video of Scouting fun. To ensure proper credit, make sure photos are titled: UNIT#,Camp Name, Campership, Year. Example. Troop10.EB.Camership.2018
  - Please email content to: camping@bsa-la.org

This Form is only valid for the current Boy Scout Summer Camp season

Revised: 1/2020
CAMPERSHIP REQUEST FORM

Camp attending (Circle one): Emerald Bay  Whitsett  Josepho  Day Camp  Date/ Week Attending: __________

Unit Number: _________________________ Registration # (Must complete): __________________________

District: ____________________________ Council: ______________________________

*Ethnicity:  A- Asian  B- Black  H- Hispanic  N- Native American  W- White  O- Other

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<th>Legal Name (Please DO NOT use nicknames)</th>
<th>D.O.B.</th>
<th>BSA ID</th>
<th>Ethnicity</th>
<th>Amount Requested</th>
<th>Dependent of Military Household Y/N</th>
<th>*if YES, indicate which branch</th>
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Unit Leader Signature: ____________________________ Date: __________

Unit Leader Phone: ____________________________ Unit Leader Email: ____________________________

District Executive Approval: ____________________________ Date: __________

District Commissioner Approval: ____________________________ Date: __________

This form needs to be COMPLETELY filled out in order to process

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Revised: 1/2020