



# 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](mailto: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](mailto: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

Legal Name (Please DO NOT use nicknames)	D.O.B.	BSA ID	Ethnicity	Amount Requested	Dependent of Military Household Y/N *if YES, indicate which branch
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

