



Boy Scouts of America  
Western Los Angeles County Council  
**Campership Request Form**

**Instruction:**

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

- 1) COMPLETE page two of this request form.
  - a) If information is missing this may result in the request being delayed.
- 2) Return this form to:
  - a) **Mail:**  
Camping Department  
Western Los Angeles County Council; BSA  
16525 Sherman Way Unit C-8  
Van Nuys, CA 91406.
    - i) Checks can be made out to WLACC-BSA
  - b) **Fax:** (818) 901-4887
  - c) **Email:** [camping@bsa-la.org](mailto:camping@bsa-la.org)
  - d) Returning this form early provides the best opportunity for us to meet the request. Please submit applications by the Second Friday in February.
  - e) 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.
- We ask that WLACC Scouts who receive a campership participate in annual product sales including popcorn and/or camp cards.

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", and Year. Example: Troop10, EB, Campership, 2022
- Please email content to: [camping@bsa-la.org](mailto:camping@bsa-la.org)

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





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**Campership Request Form**

Camp attending: Emerald Bay  Josepho  Whitsett  Day Camp  Date/Week Attending: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Registration Number (must complete): \_\_\_\_\_

Council: \_\_\_\_\_ District: \_\_\_\_\_

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

Legal Name (Please DO NOT use nicknames)	Date of Birth	BSA ID	Ethnicity*	Amount Requested	Dependent of Military Household (Y/N) *if YES, indicate which branch

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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