

CALIFORNIA INLAND EMPIRE COUNCIL CAMP SCHOLARSHIP APPLICATION

FINANCIAL ASSISTANCE TO ATTEND OUR COUNCIL CAMPS

DEADLINE APRIL 16, 2021

1. To apply for a camp scholarship a Scout must participate in the Council Product Sales (Popcorn or Camp Cards) or if the unit did not participate in Council Product Sales, the unit must have contributed to the annual Friends of Scouting (FOS) campaign.
2. All applicants must be currently registered with the California Inland Empire Council.
3. No full camp scholarship are awarded. Partial camp scholarships will be awarded based on information provided.
4. Camp Scholarships are for **youth participants only**, no adults or staff will be considered.
5. Camp scholarships are non-transferable.
6. **CAMP SCHOLARSHIPS DO NOT QUALIFY FOR DISCOUNTED ACTIVITY FEES.**
7. Camp Scholarship form do not reserve the Scout a place at camp.
8. One camp scholarship per Scout. **No Duplicates.**
9. Assistance is only available for California Inland Empire Council.
10. Notification of funds awarded will be sent by email to Parent and Unit Leader.
11. Only complete applications will be considered; incomplete applications will not be reviewed.

Send completed forms to Beverly Gruendner beverly.gruendner@scouting.org

District Name: _____ Unit Type: _____ Unit No: _____

Scout's Name: _____

Parent/Guardian Name: _____

Email Address: _____ Phone: _____

(Confidential) Total Annual Income: _____

Number of children under 18 in household: _____ Total members living in household: _____

Choose the camp below that you are applying for

Camp Attending	Activity Fee
Camp Emerson Summer Camp	\$410
Cub Scout Family Camp	\$215
NYLT	\$350
Foxfire	\$350
Day Camp	\$80

“A Scout is Thrifty” – They Help Earn Their Way

Activity Fee: \$ _____

Family can provide: \$ _____

Unit Can Provide: \$ _____

Total Amount Requested: \$ _____

Parent/Guardian Statement: Please tell us about your Scout, their dreams, ambitions and interests. Describe how this Scout will benefit from attending camp and why you are in need of assistance.

Parent or Guardian Signature

Date

THIS SECTION TO BE COMPLETED BY THE SCOUTS UNIT OR UNIT LEADER

Scouts Name: _____

Unit Leader Name: _____

Unit Leaders Position: _____

Email Address: _____

Phone: _____

Unit Leader Statement: Describe how this Scout will benefit from attending camp and why they are in need of assistance.

Did this Scout sell popcorn: Yes No **If yes, how much?** _____

If no, please explain: _____

Did your unit participate in Friends of Scouting (FOS) campaign: Yes No

If no, please explain: _____

Unit Leader Signature

Date