

**CAMPERSHIP APPLICATION**

**TROOP 18 Boy Scouts of America  
P.O. Box 219, Calistoga CA 94515  
(707) 942-0987**

The Troop 18 Campership Program helps youth members attend camping activities after all other sources of funding are exhausted. It is expected that each person pay part of the fee, as campership funds are limited.

**DIRECTIONS:**

1. All information needs to be completed for campership to be considered.
2. There is no assurance that funds will be automatically available.
3. Camperships are granted solely on need of the individual. Parents are expected to assist members in earning as much of their way as possible.
4. Determination of amount of campership assistance granted is made by the Scholarship Committee and generally does not exceed 50% of the total cost of the camp.

**NAME OF CAMP** \_\_\_\_\_ **DATE** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Scout's Name \_\_\_\_\_

Address (if different from above):

Has the scout participated in troop fundraisers? \_\_\_\_\_

If so, which fundraisers? \_\_\_\_\_ Popcorn Sale? \_\_\_\_\_

<b>ASSISTANCE:</b>	Parent/Guardian Contribution	\$	
	Scout Contribution (from scout account)	\$	
	Troop Contribution (campership amount)	\$	
	Total Cost of the Camp	\$	_____

**COMMENTS:**

**UNIT LEADERS'S ENDORSEMENT:**

Unit Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_

**APPROVED** (signature) \_\_\_\_\_ Date \_\_\_\_\_