

2023 NATIONAL SCOUT JAMBOREE CAMPERSHIP APPLICATION

APPLY NOW!!!!

Applications will be reviewed as received and granted as funds are available.

Please send this form marked "Personal and Confidential" to:
ATTN: **Eric Smith (EYES ONLY)**, Boy Scouts of America, National Capital Area Council,
9190 Rockville Pike, Bethesda, MD 20814 or Eric.Smith@scouting.org

Note: Information in **red** is required. Incomplete applications **will not** be considered.

CONFIDENTIAL INFORMATION

To protect your private information, Part B should be completed by the unit leader first.

PART A (to be completed by/with a parent/guardian)

SCOUT'S / VENTURER'S INFORMATION:

Name _____ **Home Troop/Crew Number** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Telephone Number _____ **Date of Birth** _____ **Age** _____

Name of Parent or Guardian _____

FINANCIAL NEED:

What distinguishes your need from others that sets you apart? _____

What are you doing to raise funds? _____

EMPLOYMENT:

Father/Guardian _____ **Employer** _____ **Position** _____

Mother/Guardian _____ **Employer** _____ **Position** _____

HOUSEHOLD SIZE:

Please indicate the number of household members currently residing in your home:

8 or more 5-7 4 or fewer

Ages: _____

Total Annual Household Income: \$ _____

One Parent Household Two Parent Household

One Income Household Two (or more) Income Household

AFDC/Welfare/Food Stamps/Foster Care Number _____

PLEASE LIST EMPLOYMENT, MEDICAL OR OTHER INFORMATION THAT CAN BE HELPFUL:

The amount requested from the campership fund is \$ _____ (Maximum is \$850)

I attest that all information and statements on this form are true and correct.

Signature of parent/guardian

Date

**PART B (to be completed by the youth member's hometown Scoutmaster/ Crew Advisor.
If this leader is a family member, an assistant leader should complete this section)**

(To protect your personal information in Part A, this should be completed first and returned to you.)

Name of Leader _____ Troop/Crew # _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

What is the Scout's/Venturer's ethnic group:

African American American Indian Asian Hispanic White Other _____

Describe and/or give examples of why the Scout/Venturer needs assistance: _____

Describe positive qualities the Scout/Venturer has demonstrated to illustrate why he/she should be chosen for a campership: _____

What are the Scout's/Venturer's interests and future goals? _____

Signature of leader

Date

FOR OFFICE USE ONLY

Date application received: _____

Membership verified: Yes No

Application meets income guidelines: Yes No

Application approved for: \$ _____

Reason for denial (if any): _____

Signed by: _____