

2011 COMMUNITY CAMPERSHIP COUNCIL of SAN DIEGO APPLICATION

To qualify for a SDIC-BSA campership, all requested information on this application must be complete. Missing information could delay or disqualify your application. Please be as complete and thorough as possible! All information provided is confidential. Youth should be between the ages 6 and 17. CCC funds provide up to 50% of the cost of an approved camp. Only one campership per year is awarded to each individual. The application and all supporting documentation must be sent to our address at **SDIC-BSA, 1207 Upas St., San Diego, CA 92103 by May 10, 2011**. Late applications will be reviewed based on availability of funds.

Campers must be a resident of San Diego County and attend an SDIC-BSA Camp to qualify for this campership.

PLEASE PRINT LEGIBLY OR TYPE INFORMATION

Camp and Session Desired _____ Pack/Troop # _____

Camp Fee \$ _____ How much do you feel you can pay? \$ _____

 Youth Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ Zip _____

Email Address: _____ Phone # _____

Name of Parent/Guardian _____ How many in immediate family? _____

Age of Youth _____ Boy Girl Amount of Annual Gross (before tax) Income \$ _____

Please Enclose Proof of Your Income (2010 tax forms) and most current pay stubs for both adults in a household.

2011 Poverty Guidelines		25% above the Poverty Line	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Yearly Income
2	\$14,570	\$18,212	\$18,941	\$26,955
3	\$18,310	\$22,888	\$23,803	\$33,874
4	\$22,050	\$27,563	\$28,665	\$40,793
For each additional person, add	\$3,740	\$4,675	\$4,862	\$6,919

Is the family receiving Public Assistance? Yes No Case Number _____

Is this a foster home? Yes No (Eligibility for a foster child is based on the child=s income. Please provide documentation)

Is this person related to a disabled American veteran? Yes No Relationship to Veteran _____

Veteran's Name: _____ Veteran Social Security # _____

Please circle demographic information:

African American Latino Asian Pacific Native American Caucasian Other/Multi

Is anyone in your family: Military Disabled If yes, relationship to scout: _____

If the family income is over the guideline given but assistance is needed, please give the reasons. Please be as descriptive as possible. The back side of the form may be used if necessary.

I have completed this application, and to the best of my knowledge, all of the information is true, correct and complete.

Signature of Parent or Guardian

Date

Signature of Cubmaster, Scoutmaster, Coach or Crew Leader

Date