



2010
CAMPERSHIP INFORMATION

Each year we are able to help Scouts go to **Camp Cherry Valley** with the help of the funds generated in this council.

Specific guidelines have been established in order for a scout to qualify for the program. Please read the enclosed information carefully.

1. The age limit to receive campership money is no younger than 11 or older than 18.
2. There are two ways to establish a camper's financial eligibility.
 - Use Chart 1 to establish a family's financial eligibility. Children from households with incomes at or below the levels established are eligible for assistance.
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 - All foster children, AFDC children or families who receive Medi-Cal automatically qualify for the program. You must provide the San Gabriel Valley Council with each child's foster care number, AFDC/TANF, or Medi-Cal number.

Scoutmaster, fill out Section 'A' of the form and sign before giving the forms to the parents or guardians to fill out. Section B, C, and D are to be fill out by the parents or guardians. All information must be complete. If information is not supplied, the form will be sent back to the Scoutmaster to see that it is complete. Upon completion of the back, the application should be returned to the Council.

All applications **MUST** be in the San Gabriel Valley Council, BSA office, by July 12, 2010. Applications will be reviewed. There are many more requests than moneys available, so you may not receive the entire amount requested. Your Scoutmaster will be notified when the application is approved or denied, and the amount will be credited to your Troop's account for camp.

If you have any questions, please feel free to call the Camping Department at (626) 351- 8815 x237.

NOTE: The maximum scholarship available is \$100 per camper.

Sincerely,

Maggie Gray
Camping Department

INCOME ELIGIBILITY GUIDELINES

Household

Income Chart 2010			
Household Size	Annual	Monthly	Weekly
1	\$18,889	\$1,575	\$364
2	\$25,327	\$2,111	\$488
3	\$31,765	\$2,648	\$611
4	\$38,203	\$3,184	\$735
5	\$44,641	\$3,721	\$859
6	\$51,079	\$4,257	\$983
7	\$57,517	\$4,794	\$1,107
8	\$63,955	\$5,330	\$1,230
For each additional member add....	+ 6,438	+ 537	+ 124



San Gabriel Valley Council

Boy Scouts of America

REQUEST FOR CAMP CHERRY VALLEY CAMBERSHIP ASSISTANCE
(One application per scout)

Please PRINT all information except signatures. Information is confidential. Section A must be completed by the Scoutmaster, in addition to the case history, **BEFORE** Section B,C, and D are filled in by parents or guardians. Parents or guardians must send the completed form to : SAN GABRIEL VALLEY COUNCIL, BOY SCOUTS OF AMERICA, 3450 E. SIERRA MADRE BLVD., PASADENA, CA. 91107.

The 9th Scout Law says that “A Scout is thrifty” and we expect each camper to earn as much of his own way as possible.

Section A (To be completed by Scoutmaster)

Submitted by Troop No. _____ District _____ Council _____ Date _____
Campership for *Camp Cherry Valley* for _____ Session, dates _____ to _____

PRINT Name of Unit Leader _____ Phone () _____
Address _____ City _____ Zip _____
Signature of Leader _____

Name of Camper _____ Age _____ Years in Scouting _____
Address _____ City _____ Zip _____
Phone () _____

Section B

Has Camper had previous Summer Camp Experience? _____ If so, how many? _____
Camper’s rank in Scouts _____

Total camp fees \$ _____
Amount of camp fee to be earned and paid by camper \$ _____
Amount of camp fee to be paid by family or Troop \$ _____
Amount of Campership assistance requested \$ _____

Section C

Total family monthly income \$ _____ Annual income \$ _____
Public Assistance Number# _____
Source of Income _____
Camper live with: Both parents ___ Mother (only) ___ Father (only) ___ Other _____ (specify)
Total number of persons in household ___ Brothers ___ Ages ___ Sisters ___ Ages ___
Will this family have more than one child at summer camp this year? ___ If, so, how many? _____

Section D

Signature(s) of Parent(s) or Guardian(s) _____
Address (if other than camper’s) _____
City _____ State _____ Zip _____ Phone _____

Both sides must be completed in order for the application to be considered.

Please check one

Latino ___ African American ___ Asian/Pacific Islander ___ American Indian ___
Caucasian ___ Other ___



CAMPERSHIP CASE HISTORY

Instructions- This form is to be filled out by the Scoutmaster or other adult leaders who know this Scout personally. It is not to be filled out by the parent or guardian. When completed, return it to the Scout Service Center, Attention: Gary Jensen, 3450 E. Sierra Madre Blvd., Pasadena, CA .91107

Extenuating reasons why this Campership is needed (hardship qualifications other than income). Please be specific: _____

Scout's home and neighborhood environment _____

Personal problems the child has encountered (i.e. those of a physical, mental or emotional nature). Describe in detail tragic events or dramatic circumstances in the life of the child or family.

Describe positive qualities the child or family has demonstrated (i.e. determination, initiative, etc.) These qualities should illustrate the reason for the child having been chosen to receive the campership.

Scout's interest/future goals _____

San Gabriel Valley Council Office Use Only

Action of Campership Committee:

___ Approved in the amount of \$ _____

___ Denied by reason of: Income guidelines not met _____ Form incomplete _____ Other _____