

**2026 CAMPERSHIP APPLICATION**

The San Diego-Imperial Council and others are committed to assisting the youth of our community to attend Camp. Our supporters believe that the life skills and character development from the camp experience is an investment in our future.

To qualify for a "campership" all information on this application must be completed. Missing information could delay or disqualify your application. All information provided is confidential. Children should be between ages 6 and 17. 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 San Diego-Imperial Council, ATTN: Campership, 1207 Upas St. San Diego, CA 92103 or emailed to [sdiccamp@scouting.org](mailto:sdiccamp@scouting.org) by the deadline.**

**\*\*\*Summer Resident Camp: As soon as possible  
Cub Day Camps: June 15, 2026**

Applications received after these dates will be reviewed and awarded based on remaining funds

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PLEASE PRINT OR TYPE INFORMATION

CAMP & SESSION DESIRED Click or tap here to enter text. Pack/Troop/Crew #Click or tap here to enter text.

CAMP FEE \$ Click or tap here to enter text. HOW MUCH DO YOU FEEL YOU CAN PAY? \$ \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Age \_\_\_\_\_ Boy  Girl

Email \_\_\_\_\_ @ \_\_\_\_\_

Name of Parent/Guardian at same address \_\_\_\_\_ Phone \_\_\_\_\_

How many are in your immediate family? \_\_\_\_\_ Amount of Annual Gross (before tax) Income \$ \_\_\_\_\_

**Please Enclose Proof of Your Income.** All information submitted is confidential.

2026 Poverty Guidelines		Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income
2	\$21,640	\$27,495	\$39,128
3	\$27,320	\$34,645	\$49,303
4	\$33,000	\$41,795	\$59,478
For each additional person, add	\$5,680	\$7,150	\$10,175

Is family receiving Public Assistance? \_\_\_\_\_ Case Number \_\_\_\_\_

Is this a foster home? \_\_\_yes \_\_\_no (Eligibility for a foster child is based on the child's income. Please provide documentation as available)

**Please check Voluntary demographic information:** Military ( ) Disabled ( )

African American ( ) Latino ( ) Asian Pacific ( ) Native American ( ) Caucasian ( ) Other/Multi ( )

**(Please turn the page over)**

What has the Scout/ family done to secure other funding for camp (i.e. Fundraising, Community Support, employment, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

If the family income is over the guideline given but assistance is needed, please give the reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PLEASE RETURN THESE FORMS TO: San Diego-Imperial Council, BSA  
Attention: Campership  
1207 Upas Street  
San Diego, CA 92103**

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**Section II - To be completed by Camp/Agency**

CAMP NAME \_\_\_\_\_ SESSION \_\_\_\_\_

DATES \_\_\_\_\_

CAMP FEE \$ \_\_\_\_\_

AMOUNT PAID BY FAMILY \$ \_\_\_\_\_

AMOUNT PAID BY CAMP \$ \_\_\_\_\_

BALANCE REQUESTED \$ \_\_\_\_\_

Before signing and submitting to the Community Campership Council is:

- (1) \_\_\_\_\_ Application completed in full and signed?
- (2) \_\_\_\_\_ Proof of income attached?
- (3) \_\_\_\_\_ If income is over guidelines are reasons given for needing the Campership?

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Camp/Agency \_\_\_\_\_

Phone \_\_\_\_\_

Camper Referred by: \_\_\_\_\_

Phone \_\_\_\_\_

Comments: