

**DR. CARL EYERICK CAMBERSHIP FUND  
CAMBERSHIP APPLICATION FOR SUMMER CAMP  
PARTICIPANTS FROM VERDUGO HILLS COUNCIL**

(All information is confidential)

Camperships become available after January 1, of the Campership year. The deadline for this document to be received in the Council Office is May 15 of the year in which the camp occurs. Camperships are limited, and available ONLY on a first come, first served basis.

To be completed by Parent or Unit Leader: (please print)

Name of Scout: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Troop Number: \_\_\_\_\_ District: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Date attending camp: \_\_\_\_\_

**FAMILY INFORMATION:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Number of brothers and sisters living at home: \_\_\_\_\_ Does the Scout live at home? Yes No

Does your family receive aid, welfare or other Government help? Yes No

**PROOF OF INCOME DOCUMENT** (Provide information on at least one of the following and attach a photocopy of the appropriate document (s))

W 2 Form for 19 (year) or Unemployment Insurance # \_\_\_\_\_ or Paycheck stub \_\_\_\_\_

Public Assistance # \_\_\_\_\_ or Workman's Compensation # \_\_\_\_\_

Social Security Number \_\_\_\_\_ signed statement attached: \_\_\_\_\_

**FAMILY GROSS INCOME:** (must complete one): Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Verified by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT OF CAMBERSHIP NEEDED:** (Please outline the reason for campership need)  
\_\_\_\_\_  
\_\_\_\_\_

The family can pay ? \$ \_\_\_\_\_ Can the Unit Help? Yes No How much ? \$ \_\_\_\_\_

**PERSON TO CONTACT FOR ADDITIONAL INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AMOUNT APPROVED: \$** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_