

# 2013 NATIONAL SCOUT JAMBOREE CAMPERSHIP APPLICATION

Send the completed form no later than October 1, 2012  
Please send this form marked "Personal and Confidential" to:  
Patrick S. Wedding, Southern Region, B.S.A, P.O. Box 152079, 1325 W. Walnut Hill Lane, Irving, TX 75015-2079

**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 a parent/guardian)

#### APPLICANT'S INFORMATION:

Name \_\_\_\_\_ Home Scout Troop/Venturing Crew Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Council Headquarters City \_\_\_\_\_ State \_\_\_\_\_

#### 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 \_\_\_\_\_

#### FAMILY SIZE:

Please indicate the number of income tax dependents 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 Family       Two Income Family

AFDC/Welfare/Food Stamps/Foster Care Number \_\_\_\_\_

TM

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

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

The amount requested from the campership fund is \$ \_\_\_\_\_ (maximum is the BSA fee of \$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 Troop Scoutmaster/Venturing 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 # \_\_\_\_\_

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:

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

List the positive qualities the Scout/Venturer has demonstrated that illustrate the reason to be chosen for a campership: \_\_\_\_\_  
\_\_\_\_\_

What are the Scout's/Venturer's interests and future goals?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of leader Date

**FOR REGIONAL 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: \_\_\_\_\_