

APPLICATION FOR WOOD BADGE TRAINING SCHOLARSHIP

Amount granted, if any, depends on availability of funds, overall demand, and information provided.

ADULT LEADER'S NAME	CIRCLE ONE Pack Troop Crew Post Ship # _____	
ADDRESS		
CITY	ZIP CODE	PHONE
SCOUTING LEADERSHIP POSITION(S)		

Funds are extremely limited. Please indicate funds needed:

FUNDS REQUESTED <input type="checkbox"/> 50% <input type="checkbox"/> Other \$ _____	HOW MUCH WILL UNIT MATCH? \$ _____	COUNCIL USE ONLY
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List Scouting training received so far (only include training that is still current):

What do you hope to get from taking this training?

Please describe any other financial circumstances that you would like to have considered:

I understand that the Gulf Ridge Council Scholarship Committee is relying on the information provided to prove eligibility for the requested scholarship. I certify that all the information and answers to these questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements is grounds for denial of this application, cancellation of any approved scholarships, and will affect future eligibility.

PRINTED NAME	SIGNATURE	DATE

OPTIONAL: Applicant may attach a letter of recommendation from their Chartered Organization Representative or Unit Committee.