

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