

Event Name _____

Event Date _____

CAMP SCHOLARSHIP FORM (PLEASE PRINT)

PLEASE NOTE:

Scouts needing scholarships should submit an application of scholarship to the Buffalo Trail Council 2 weeks prior to event so that we may plan for and process all applicant paperwork.

Name _____ Age _____ Current Grade _____

Address _____

City _____ State _____ Zip _____

Council _____ Unit _____ Years in Scouting _____

Did Scout participate in popcorn sales? _____ Does Scout participate in unit fundraisers? _____

Amount Family will provide: \$ _____ Amount Requested: \$ _____ (Council only provides up to 50% scholarship)

Special factors causing need for financial assistance such as recent illness, unemployment, etc.:

How does the Scout plan to earn the remainder of the camp fee?

Parent/Guardian Signature: _____ Date: _____

Unit Leader Statement (This part must be completed by the unit leader.)

Statement of need for financial assistance of applicant from Unit Leadership:

Signature of Unit Leader: _____ Date: _____

RETURN THIS FORM TO:

Buffalo Trail Council
1101 W. Texas Ave
Midland, TX 79701

Office Use Only:

☐ Received By: _____ Action: _____
☐ Notified Event Director ☐ Notified Staff Advisor ☐ Campership Credit Applied

Receipt #: _____

Date Received: _____