

Woodbadge Scholarship

The Ozark Trails Council recognizes that some of our adult members cannot pay the full cost of registration. For this reason, a **limited** financial assistance fund has been developed. This fund will assist deserving adult leaders with a **percentage** of the cost based on need, **but it is not intended to provide the full cost.** Families, Scouting units, and/or the chartered partner are expected to provide a **portion of the fee.** **Scholarship Applications must be submitted no later than 30 days prior to the beginning of the course.** As funds are limited, applications not submitted on time will be denied.

This form must be submitted to the Springfield Council Service Center. The information requested below is confidential. Please complete all appropriate sections so full and fair consideration may be given to help determine the percentage of need for each application.

PLEASE: PRINT CLEARLY. Complete **ALL information** required in as much detail as possible to improve chances of being awarded a scholarship. Hard to read or missing information will cause the application to be denied.

INDIVIDUAL ASSISTANCE APPLICANT – THIS IS NON-TRANSFERABLE	
Funds will be returned to assistance account if not used by applicant named below. Copy on file.	
Applicant's Name: _____ Phone: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Circle One District Name: Circle One	
Age: _____ Pack / Troop / Crew / Post / Team _____ Unit #: _____ Yrs as Leader: _____ BT – FT – NI – MK – PF – OH – RT	
Name and age of children in the home: 1. _____ 2. _____	
3. _____ 4. _____ 5. _____ 6. _____	
Total yearly net () under \$10,000 () \$10,000 - \$15,000 () \$16,000 - \$20,000 () \$21,000 - \$25,000 () \$26,000 – \$30,000	
family income: () \$31,000 - \$40,000 () \$41,000 - \$45,000 If over \$45,000, list amount: _____	
Applicant's Signature: _____ Email Address: _____	
State the circumstances which require financial assistance:	

**MONETARY BREAKDOWN:	
	Total Course Fee: (a) \$ _____
How much of the fee will be paid by:	Applicant: (b) \$ _____
	Unit: (c) \$ _____
	Chartered Partner: (d) \$ _____
	Total to be paid by above levels (add b, c and d) (e) \$ _____
FINANCIAL ASSISTANCE REQUESTED	
Subtract (e) from (a) \$ _____	

Send completed form to: Ozark Trails Council, Inc.,
 Attn: Program Coordinator
 1616 S. Eastgate Springfield, MO 65809
 or Fax to: 417-883-2534

FOR OFFICE USE ONLY



Woodbadge Coordinator Approval: _____	Date: _____
Course Director Approval: _____	Date: _____
Staff Advisor Approval: _____	Date: _____

FINANCIAL AMOUNT APPROVED: _____