



Wood Badge Scholarship Fund Application

SCHOLARSHIP PURPOSE: To make participation possible for deserving Scouters who would otherwise be unable to attend Wood Badge. In administering funds given by generous people, fundraising, etc., great care must be exercised in order that only those Scouters who need and deserve such help shall be aided, and that details shall be handled in such a way as to avoid embarrassment to the scouter or his/her family.

Applications should be returned to the Mid-America Council, Durham Scout Center, Wood Badge Staff Advisor, 12401 West Maple Road, Omaha, NE 68164, no later than July 1, 2024.

Applicants may be eligible to receive up to one half of the total Wood Badge fee from the Scholarship Fund. All applications will be reviewed by the Wood Badge Scholarship Committee prior to the course and you will be notified of your award in writing.

You must register online at the MAC website and remit the \$50 deposit. This will hold your space in the course. Once applications are reviewed, you will be notified by the Scholarship Committee as to what your balance is and the date payable. The entire fee, less any scholarship awarded, is due 30 days before the course begins. If you are awarded no scholarship funds and you are not able to attend based on that, you may be eligible to receive a refund of your deposit amount.

Name _____ Phone (____) _____

Address _____

City _____ State_ZIP _____

E-mail _____

Unit Type _____ Unit # _____ District _____

Current Registered Position _____ Years involved in Scouting _____

Online Registration Number _____

Total fee for Wood Badge Course \$ _____

Amount to be supplied by Scouter \$ _____

Amount to be supplied by unit \$ _____

Amount to be supplied by charter partner \$ _____

Other sources \$ _____

Additional amount requested from the Scholarship Fund \$ _____

State specific reason for the need of this Scholarship, attach additional page if necessary.

Signature of Scouter: _____ Date _____

For Office Use Only: Amount of Award \$ _____ Date: _____ Authorized By: _____

