Application for Financial Assistance Wood Badge Training



This confidential application may be submitted after the published deposit has been paid.

I hereby request financial assistance to attend Wood	d Badge Training, A	oril 13-15 and May 4-6, 2018.
Name		Phone
Address		City
State Zip Email		
Registered Scouting Position		District
Unit type and number (Pack, Troop, Crew, Po	ost) and Unit #	
I request assistance in the amount of \$	(not to excee	d 50% of the total course fee of \$250.)
Please list other sources which are also providing a	ssistance:	Deposit Paid: \$
	\$	Receipt #:
	\$	Date:
By accepting this scholarship, I agree to:		
1.) Attend all sessions of the Wood Badge practical Center, and	experience, April 1	3-15 and May 4-6, 2018, at the Bartlett Training
2.) Complete the performance phase of Wood Bade following the course, and	ge by "working my Ti	cket" within the allotted 18 month time period
3.) Be awarded the Wood Badge recognition at an	appropriate Scouting	y event.
Should I <u>not</u> meet the agreed criteria, and within 30 Council, Wood Badge Scholarship Fund, the entire		
Signed by:(Scouter's Name)		Date:
(Scouter's Name) Please forward this application in confidence to:		
Approved	by	
(Date)	(Council Trainin	ng Chair / Council Vice President Program signature)
Approved(Date)	by(Wo	od Badge Professional Advisor signature)
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