

Rainbow Council, Lockport IL
Wood Badge Course Grant Application
Course #6-702-23

Name: _____ Date: _____
Address: _____ Cell: _____
City, Zip _____ Occupation: _____
Email address: _____
Scouting Position _____ Yrs. in Scouting _____
Unit type/# _____ District _____ Council _____

Please fill in the finances being contributed/requested below:

Participant contribution _____
Unit contribution _____
Chartering Org. contribution _____
Other sources contribution _____
Amount of subsidy request _____

On a separate page, please answer the following questions:

1. Please share why you want to attend Wood Badge and how you plan to offer servant leadership to Scouting.

 2. Please share why this subsidy is needed.
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Scouter Signature _____ Date: _____

For Office Use Only:
Amt of Subsidy \$ _____ Date: _____ Authorized by: _____

Rainbow Council, BSA
(Attn: John Harrington, Course Director 6-702-23)
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815-942-4450 www.rainbowcouncil.org