

Scout/Scouter Individual Application for Assistance

Oregon Trail Council, Boy Scouts of America
2525 Martin Luther King Jr. Blvd, Eugene, OR 97401
541-485-4433

District: _____ Date: _____

Pack Troop Post Crew Ship Number: _____

Scholarships are not transferable & have no cash value. **ALL blanks must be filled in LEGIBLY.**

SCOUT/SCOUTER INFORMATION

SCOUT NAME: _____ RANK: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT NAME(S): _____

HOME/CELL PHONE: _____ WORK PHONE: _____

SCOUT CAMP ATTENDING: _____ Council Out of Council

TOTAL CAMP FEE \$ _____

COST PROVIDED BY FAMILY \$ _____ (subtract)

COST PROVIDED BY UNIT FUNDRAISERS \$ _____ (subtract)

COST PROVIDED BY OTHER SOURCES \$ _____ (subtract)

NET SCHOLARSHIP REQUEST AMOUNT \$ _____ (cannot be more than 50% of total camp fee)

Briefly explain what the applicant has done to earn a portion of their fee. Include council, unit, and individual fundraising activities, such as camp cards or candy/meat stick sales.

FOR COMMITTEE USE ONLY
DATE: _____ AMOUNT: _____ INITIALS: _____ CERTIFICATE NUMBER: _____

FAMILY INFORMATION

This section MUST be completed by the Scout's family. Briefly describe the circumstances, including financial matters, which require assistance for your child.

Parent or Guardian Signature: _____ Relation to Scout: _____
Occupation of Father: _____ Employer: _____
Occupation of Mother: _____ Employer: _____

UNIT ENDORSEMENT

By: Unit Leader Committee Chair Other _____ (an adult not related to the applicant)

Please provide as much information as possible to assist the committee in evaluating this application. Review the application to make sure that there are comments on as many of the cost factors on page one as is possible or appropriate. Your independent evaluation of the financial needs is very valuable.

NUMBER OF YOUTH IN UNIT: _____ NUMBER OF REGISTERED ADULTS: _____

Did Scout Participate in Council Fundraisers? Camp Cards Candy Bars/Beef Sticks None

Parent: Print Name Legibly _____

Sign _____ Phone: _____

Unit Leader or Committee Chair:

Print Name Legibly _____

Mailing Address: _____

Phone: _____ Email: _____

In keeping with the policies of the Boy Scouts of America,
the rules for acceptance and participation in the camp programs are the same for everyone
without regard to race, sex, creed, color, national origin, age, or physical limitation.

FOR COMMITTEE USE ONLY

DATE: _____ AMOUNT: _____ INITIALS: _____ CERTIFICATE NUMBER: _____