

Tom Dorsey Philmont Scholarship Application - (CONFIDENTIAL)

Youth Only

Name: _____ Troop / Post / Crew #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Boy Scout Rank: _____ Years in Scouting: _____

Current Grade: _____

Please list parents involved in Scouting, years, and position: _____

Financial Information:

- A. Total national fee for program: \$ _____
- B. Amount Scout will earn: \$ _____
- C. Amount family can pay: \$ _____
- D. Amount unit will pay: \$ _____
- E. Amount from other sources: \$ _____
- F. Total (B,C,D,E): \$ _____

Campership amount requested: \$

*This amount should **not** exceed 50% of the total fee.

(F subtracted from A)

Family Information:

Number of children in family: _____

Number of children in Scouting: _____

Family annual income: \$ _____

Family Statement: (Please list those reasons your family needs financial assistance for Philmont for the child who is applying for this campership; i.e., medical, financial, other.)

Parent's Signature

Date

Unit Leader's Statement: (Briefly indicate your approval . Disapproval and the reasons you feel this family needs financial assistance for Philmont.)

Unit Leader's Signature

Date

Does the unit have an annual Investment in Character (IC) campaign? Yes No

Is this unit involved in popcorn? Yes No

Is this unit involved in camp cards? Yes No

Please forward to Heart of Ohio Council Service Center, P.O. Box 368, Ashland, Ohio 44805. If you have any questions, call 419-207-8300, or e-mail to kim.messersmith@scouting.org.

Office use only.

Date Received: _____

Amount Awarded: \$ _____

Approved: _____

Date: _____