

PHILMONT TRAINING CENTER FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for Cub Scout-aged Philmont Training Center program participants. Awards are only applicable toward the program fee (gear and travel are excluded). If awarded, funds are disbursed directly to Philmont; you will receive a refund from Philmont if the amount of your financial award exceeds your remaining balance. Should you become unable to participate in your program, the funds will be forfeited and returned to the Philmont Staff Association. For best consideration, please complete this application and return it to Philmont by April 1 of the year attending. All information will remain confidential.

Youth Name: _____ Birthdate: _____ Age: _____
First Middle Last

Parent Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Council Name _____ Unit # _____

* The selection committee would like to understand your hopes and expectations for your program. Please attach an essay that addresses the following topics directly:

- 1) What circumstances require you/your family to apply for assistance for your program?
2) Do you intend to raise funds, etc. to contribute to the cost of your program? If so, how?
3) What do you hope your child will learn or accomplish through this experience?
4) How will this experience help you/your child in Scouting, your education/career, or life interests?

Table with 2 columns: Contribution Type and Amount. Rows include Total Cost of Program, Participant Contribution, Family Contribution, Other Contributions, and three numbered items, followed by Total \$ Requested.

Parent/Guardian Information

Parent/Guardian 1: _____ Occupation _____

Parent/Guardian 2: _____ Occupation _____

Signatures

Parent/Guardian 1: _____

Parent/Guardian 2: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATIONS RECEIVED AFTER APRIL 1 CONSIDERED IF FUNDING STILL AVAILABLE